FAIRFAX RADIOLOGY EXAM REQUEST

At Fairfax Radiology,
We See You Better.™

FAIRFAX RADIOLOGY CENTERS
An Inova partnership

PATIENT SCHEDULING ONLINE AT fairfaxradiology.com
OR BY SCANNING QR CODE →
Phone 703.698.4488 Fax 703.698.0864

QR Code Instructions: Open phone camera, scan code, press link, scheduling website will open

You must bring this prescription with you to your exam.

TO AVOID ANY DELAY, ALL INFORMATION IN THIS BOX MUST BE COMPLETED

Patient Name_____ **DOB** _____ / _____ / _____

Physician Name (Clearly Legible) ***FIRST NAME*** _____ ***LAST NAME*** _____

Physician Signature (Required) _____ **Date** (Required) _____
NO STAMPED SIGNATURE

Physician Office Phone _____

Clinical History/Symptoms _____

Additional Physicians to Receive a Report _____

FOR PRE-AUTHORIZATION ASSISTANCE BY FAIRFAX RADIOLOGY PLEASE COMPLETE:

ICD-10 Code: _____

Please fax clinical notes to: 703.698.8745 ● Questions: 703.752.7793

	TAX ID	NPI
Fairfax Radiology Centers, LLC (FRC)	32-0611800	1508405317
Tysons MRI and Imaging Center	26-4587374	1972838993

CT Scan – Neuro

Specify IV Contrast ○ Yes ○ No ○ Contrast Per Clinical Indication

- ○ Head
- ○ Facial Bones
- ○ Orbits
- ○ Sinus
  - ○ CT Surgical Navigation
  - Medtronic, Stryker, Other_____
- ○ Neck (Soft Tissue)
- ○ C-Spine
- ○ T-Spine
- ○ L-Spine
- ○ Temporal Bone/Middle Ear
- ○ Other _____

CT Angiography (CTA) – Neuro

IV Contrast Required

- ○ Intracranial (Circle of Willis or Aneurysm)
- ○ CTA Carotid/Neck (Great Vessels)
- ○ CT Venogram–Intracranial
- ○ CT Venogram–Neck
- ○ Other _____

CT Scan – Body

Specify IV Contrast ○ Yes ○ No ○ Contrast Per Clinical Indication

- ○ Chest
  - ○ Routine ○ High Resolution
  - ○ SuperD ○ Lung Screening **
- ○ PE Study (Pulmonary CTA)
- ○ Abdomen *
  - ○ Specify ORAL Contrast ○ Yes ○ No
- ○ Pelvis *
  - ○ Specify ORAL Contrast ○ Yes ○ No
- ○ Triphase – Adrenal
- ○ Triphase – Liver
- ○ Triphase – Pancreas
- ○ Triphase – Renal Mass
- ○ CT Urogram/IVP
- ○ Kidney Stone Screening
- ○ 3D Virtual Colonoscopy *
  - ○ Diagnostic (symptomatic)
  - ○ Screening (asymptomatic) **
- ○ Extremities (Specify) _____
- ○ CT Small Bowel Enterography
  - ○ IBD ○ Anemia/Mass
- ○ Calcium Scoring (Heart Scan) **
- ○ Whole Body Scan * **
  - ○ Screening
  - ○ Multiple Myeloma
- ○ Other _____

CT Venogram (CTV) – Body

IV Contrast Required

- ○ Abdomen CTV
- ○ Abd/pelvis CTV
- ○ Other _____

CT Angiography (CTA) – Body

IV Contrast Required

- ○ 3D Heart Scan/Coronary Arteries/FFR_{CT} (if needed)
  - ○ Plaque Analysis 1-69% Stenoses
- ○ CT Heart
  - ○ Pulmonary Vein Mapping
  - ○ Other _____
- ○ PE Study (Pulmonary CTA)
- ○ Thoracic Aorta
- ○ Abdominal Aorta
- ○ Abd/Pelvis CTA
- ○ Renal Arteries
- ○ PRE-TAVR (chest/abd/pelvis CTA)
- ○ POST-TAVR CT HEART
- ○ Lower Extremity Runoff
- ○ Lower Extremity CTA
- ○ Upper Extremity CTA
- ○ Other _____

Breast Imaging

3D Breast Tomosynthesis is available to all patients.

- ○ Screening Mammogram 3D Tomosynthesis (Asymptomatic)
  If indicated Diagnostic Mammogram/Breast Ultrasound
- ○ Diagnostic Mammogram 3D Tomosynthesis (Symptomatic)
  If indicated Breast Ultrasound
- ○ Diagnostic Breast Ultrasound
  PRN Diagnostic Mammogram
- ○ Complete Breast Ultrasound (CBUS)
- ○ Cyst Aspiration PRN Core Biopsy
  - ○ Left (___ o'clock) ○ Right (___ o'clock)
- ○ Core Biopsy PRN Cyst Aspiration
  - ○ Left (___ o'clock) ○ Right (___ o'clock)
  - ○ Stereotactic/PRN US Guided
  - ○ US Guided/PRN Stereotactic
  - ○ Axillary Lymph Node Biopsy/FNA
- ○ Other _____

Ultrasound

- ○ AAA
- ○ Abdominal
- ○ Limited Study for Hernia
- ○ Aorta
- ○ Duplex/Carotid
- ○ OB/Transvaginal/PRN
  - ○ Transvaginal Only
  - ○ Biophysical Profile/with Doppler
- ○ Pelvic with Transvaginal
- ○ Pelvic NO Transvaginal
- ○ Pelvic Transvaginal Only
- ○ Prostate Transabdominal (gland size plus bladder)
- ○ Scrotum/PRN Doppler
- ○ Urinary Tract Renal/Bladder
- ○ Thyroid/Parathyroid Ultrasound
  - ○ Lymph Node Mapping
  - ○ PRN FNA
- ○ Thyroid FNA
- ○ Arterial Doppler (Specify) _____
- ○ MSK _____
- ○ MSK US-Guided Intervention _____
- ○ Venous Doppler (Specify)_____
- ○ Palpable finding (Specific Location) _____

Bone Densitometry

- ○ Osteoporosis Survey (DXA)

Diagnostic X-ray

No appointment necessary – see reverse side for walk-in locations.
Please check with the center for walk-in X-ray hours.

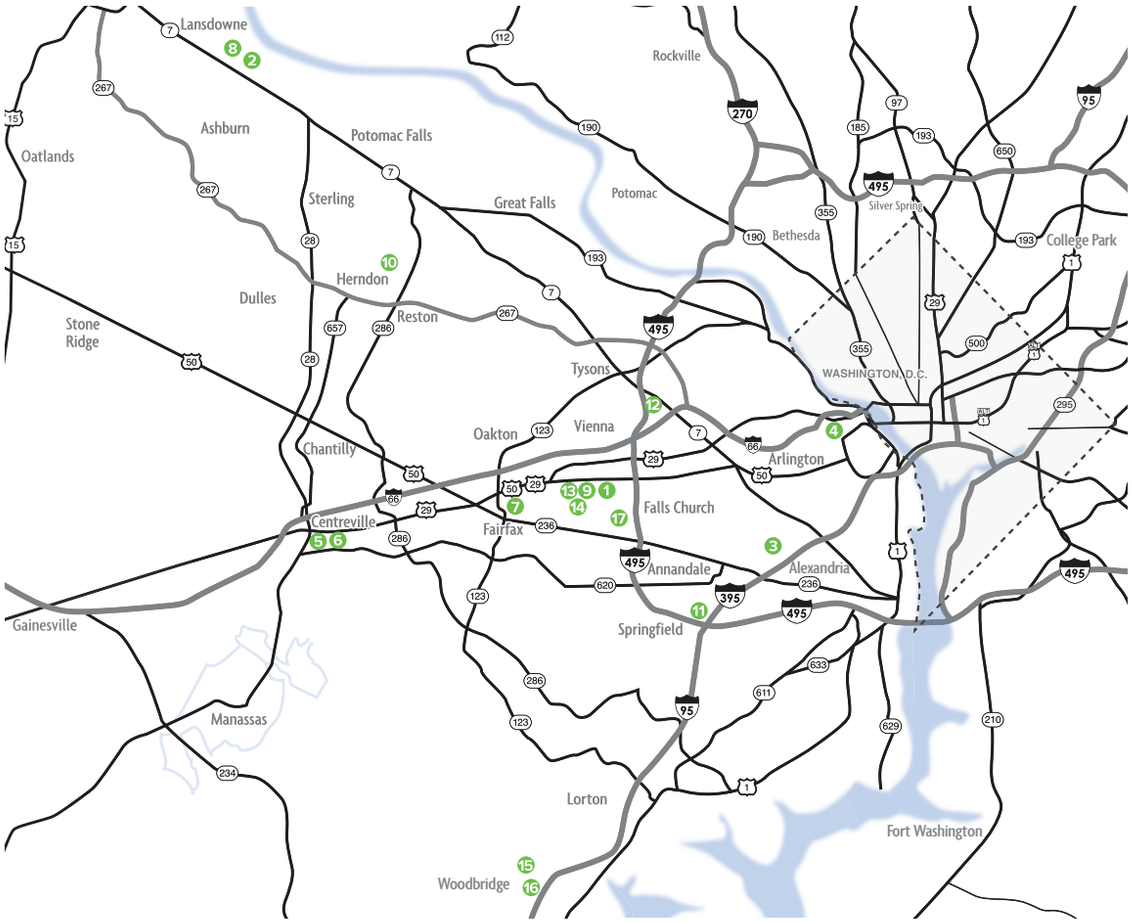
- ○ Abdomen ○ Flat ○ Flat & Erect
- ○ Chest ○ PA & LAT ○ PA Only
- ○ Ribs ____L ____R
  - ○ Ribs for trauma to incl. PA Chest
- ○ AP Pelvis
- ○ Skull
- ○ Sinuses
- ○ Waters View
- ○ Scoliosis
- ○ Spine
  - ○ Cervical ○ Thoracic ○ Lumbar
  - ○ Sacrum/Coccyx
- ○ Extremities
  - ○ Shoulder ____L ____R
  - ○ Elbow ____L ____R
  - ○ Forearm ____L ____R
  - ○ Wrist ____L ____R
  - ○ Hand ____L ____R
  - ○ Leg Length ____L ____R
  - ○ Hip ____L ____R
  - ○ Humerus ____L ____R
  - ○ Femur ____L ____R
  - ○ Knee ____L ____R
  - ○ Tibia/Fibula ____L ____R
  - ○ Ankle ____L ____R
  - ○ Foot ____L ____R
  - ○ Calcaneus/Heel ____L ____R
- ○ Other _____

○ **Metastatic Bone Survey**
Appointment Necessary

* **Preparation** must be obtained from our centers prior to exam. ** **Please be aware that many insurance plans do not cover these procedures; therefore, payment will be requested at the time of service.**

MAP OF LOCATIONS

Also available online at fairfaxradiology.com



PARKING NOTES

Please visit fairfaxradiology.com for parking directions.

* Walk-In

Walk-In patients welcome for X-ray (plain films) only. Please arrive 30 minutes before closing time. All other exams need to be scheduled.

Other Notes

For safety, children under 12 may not be left in the waiting room without a supervising adult. They may not accompany patients in the exam room. If supervision isn't available, your appointment will be rescheduled. Families of Obstetrical patients will be allowed in the room for a limited period of time, but only when an adult accompanies the minor children.

- **Appointment Date:** _____
- **Appointment Time:** _____
- **Location:** _____

1 Fairfax Radiology Breast Center of Fairfax
8260 Willow Oaks Corporate Dr., Suite 200
Fairfax, VA 22031
703.698.4455 — fax: 703.205.9884
Reserved parking is on the Pink/C level.

2 Fairfax Radiology Breast Center of Loudoun
Peterson Family Breast Center
19465 Deerfield Ave., Suite 105
Lansdowne, VA 20176
703.788.8426 — fax: 571.382.6587

3 Fairfax Radiology Center of Alexandria *
1600 N Beauregard St., Suite 200
Alexandria, VA 22311
571.495.6920 — fax: 571.297.1884

4 Fairfax Radiology Center of Ballston
3833 N. Fairfax Dr., Suite 110
Arlington, VA 22203
703.788.8420 — fax: 571.665.6691

5 Fairfax Radiology Center of Centreville *
6211 Centreville Rd., Suite 400
Centreville, VA 20121
703.204.4411 — fax: 703.961.8318

6 Centreville MRI Center
6211 Centreville Rd., Suite 400M
Centreville, VA 20121
703.204.4411 — fax: 703.961.8318

7 Fairfax Radiology Center of Fairfax City
3801 University Dr, Suite 120 (CT, Ultrasound)
Fairfax, VA 22030
703.698.4467 — fax: 703.788.8422

8 Fairfax Radiology Center of Lansdowne *
19455 Deerfield Ave., Suite 102
Lansdowne, VA 20176
703.858.0001 — fax: 703.724.0600

9 Fairfax Radiology Center at Prosperity *
8503 Arlington Blvd.
Suite LL-100 (US, X-ray), Suite LL-110 (CT)
Fairfax, VA 22031
703.698.9600 — fax: 703.698.5609
Special entrance and parking on north side of building facing Route 50.

10 Fairfax Radiology Center of Reston-Herndon *
450 Springpark Pl., Suite 100
Herndon, VA 20170
703.481.9400 — fax: 703.481.9408

11 Fairfax Radiology Center of Springfield *
5501 Backlick Rd., Suite 305
Springfield, VA 22151
703.698.4485 — fax: 703.750.0302

12 Tysons MRI and Imaging Center *
7799 Leesburg Pike, Suite 104S
Falls Church, VA 22043
703.893.2820 — fax: 703.313.2855

13 Fairfax Radiology Ultrasound Center
8503 Arlington Blvd., Suite LL-100
Fairfax, VA 22031
703.698.4498 — fax: 703.280.1566
Special entrance and parking on north side of building facing Route 50.

14 Fairfax Radiology Vascular Center
8505 Arlington Blvd., Suite 400
Fairfax, VA 22031
703.698.4475 — fax: 703.573.4237

15 Fairfax Radiology Center of Woodbridge-Prince William *
4001 Prince William Parkway, Suite 302
Woodbridge, VA 22192
571.495.6930 — fax: 571.297.1885

16 FRC Advanced Imaging Center Woodbridge
14349 Gideon Dr., Suite 110
Woodbridge, VA 22192
571.495.6940 — fax: 571.290.4000

17 Fairfax Radiology Center at Woodburn *
3299 Woodburn Rd., Suite 110
Annandale, VA 22003
703.849.9050 — fax: 703.698.4491

FAIRFAX RADIOLOGY CENTERS
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REFERRAL PAD REORDER FORM

Office Name _____ Date _____

Ordered By _____

Address _____ Suite _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Frequently Used Referral Pads – Please indicate number of referral pads needed.

- ○ General Diagnostic Pad # _____
- ○ Fairfax Radiology Centers Sites and Services Information # _____

Specialty Referral Pads – Please indicate number of referral pads needed

- ○ Breast Imaging # _____
- ○ Dental CT # _____
- ○ Thyroid FNA # _____
- ○ MRI # _____
- ○ Nuclear Medicine # _____
- ○ Pain Management # _____
- ○ PET/CT # _____
- ○ Fairfax Vascular Center # _____

Physician Resources

- ○ Accessing Patient Reports and Images Online Guide
- ○ Dental CT Pricing Guide
- ○ PET/CT Exam Instructions

TO ORDER SUPPLIES:

Scan code to order supplies

or

Fax this form to 703.698.4450 or Call 703.698.4481