



**PATIENT SCHEDULING ONLINE AT [fairfaxradiology.com](http://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
Tyson's 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<sub>CT</sub> (if needed)

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 \_\_\_\_\_

**Bone Densitometry**

Osteoporosis Survey (DXA)

**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) \_\_\_\_\_

**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

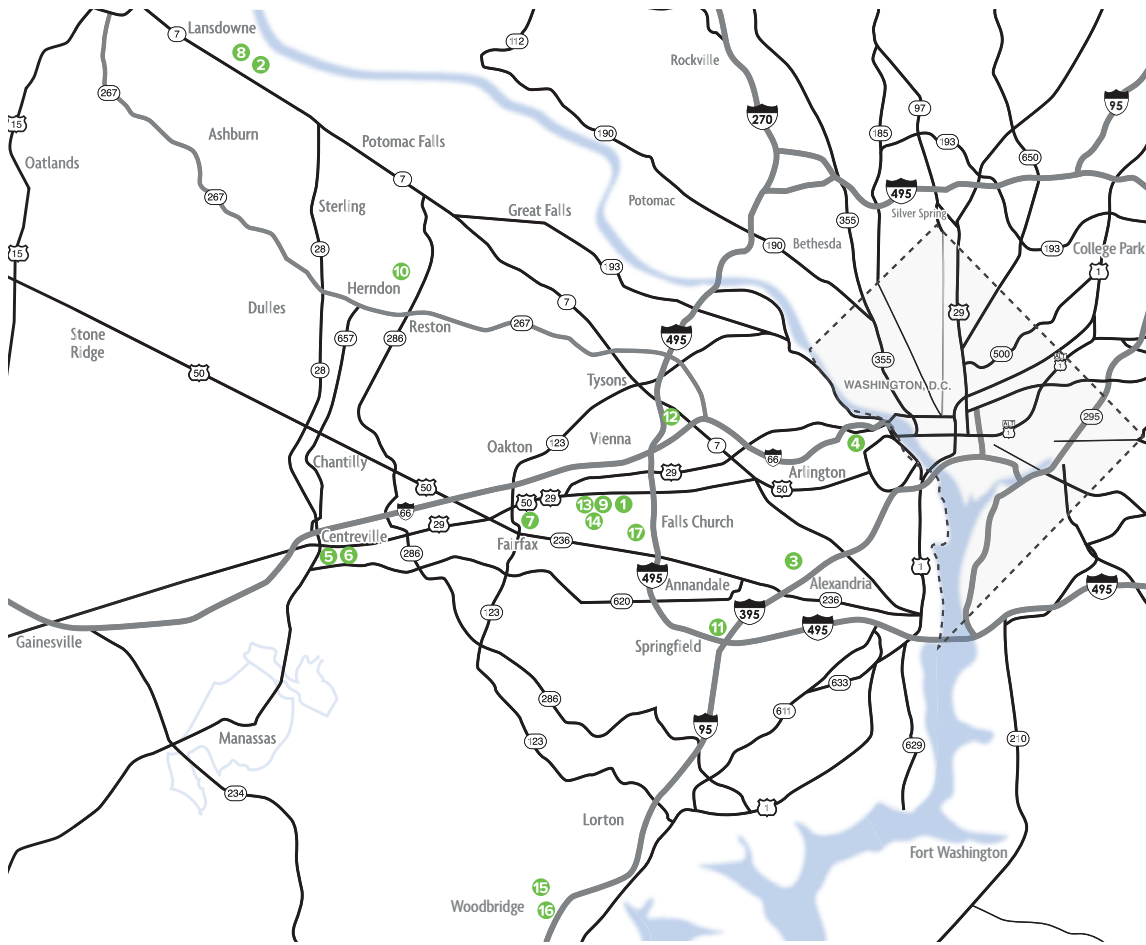
Metastatic Bone Survey Appointment Necessary

Other \_\_\_\_\_

\* 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](http://fairfaxradiology.com)



## PARKING NOTES

Please visit [fairfaxradiology.com](http://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:

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● Appointment Time:

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● Location:

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**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 \***

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



## 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

- |                                              |                                                       |
|----------------------------------------------|-------------------------------------------------------|
| <input type="radio"/> Breast Imaging # _____ | <input type="radio"/> Nuclear Medicine # _____        |
| <input type="radio"/> Dental CT # _____      | <input type="radio"/> Pain Management # _____         |
| <input type="radio"/> Thyroid FNA # _____    | <input type="radio"/> PET/CT # _____                  |
| <input type="radio"/> MRI # _____            | <input type="radio"/> Fairfax Vascular Center # _____ |

### Physician Resources

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

### TO ORDER SUPPLIES:



Scan code to order supplies

or

Fax this form to 703.698.4450 or Call 703.698.4481