

SCHEDULING
 P: 703.591.8020
 F: 703.591.0722

Patient will call to schedule
 Call patient to schedule

Arlington
 Fairfax
 Woodbridge

See back for addresses

TAX ID: 52-1278857
NPI: 1366411589



Highlighted fields below are required for a complete order.

Appointment date and time		Check-in time	Patient DOB	<input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #	
Insurance name	Insurance ID #	Pre-authorization #	Date of injury	<input type="radio"/> Auto <input type="radio"/> Workers' comp
(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.			Clinical Decision Support (CDS) Required for Medicare Part B	
Required			Modifier (determination)	G-code (vendor)
Is the exam/procedure related to an injury? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela				

MRI **CT** **ULTRASOUND**

IV contrast as clinically indicated by radiologist
 Without contrast Without/With contrast

Additional instructions _____

NEURO
 Brain and/or Orbits
 Volumetric brain imaging (Icobrain)
 Dementia
 Epilepsy
 MS
 Traumatic brain injury

IAC
 Pituitary
 Neck (soft tissue)
 TMJ

SPINE
 Cervical
 Thoracic
 Lumbar
 Lumbar compression (weight-bearing) (Fairfax only)

MSK
 Extremity non-joint _____
 R L BIL
 Extremity joint _____
 R L BIL Arthrogram (if indicated)

BODY
 Chest
 Abbreviated breast screening (Woodbridge only)
 Breast bilateral (Woodbridge only)
 Abdomen
 Prostate - PSA level: _____
 Prostate screening exam - PSA level: _____
 Pelvis
 MRCP

MRA
 Brain
 Abdomen
 Neck/Carotids
 Renal arteries
 Extremity _____
 R L BIL

OTHER

IV contrast as clinically indicated by radiologist
 Without contrast With contrast
 Without/With contrast

3D reconstructions as clinically indicated by radiologist **OR** No 3D reconstructions

NEURO
 Brain and/or Orbits
 IAC
 Facial bones
 Sinus
 Neck (soft tissue)

SPINE
 Cervical
 Thoracic
 Lumbar

MSK
 Extremity _____
 R L BIL Arthrogram (if indicated)
 MAKO _____

BODY
 Chest
 Abdomen
 Pelvis
 Abdomen/Pelvis
 Urogram (abdomen/pelvis) (IVP) w/recons
 Enterography (abdomen/pelvis)
 Kidney stone protocol (abdomen/pelvis)

SCREENING
 Cardiac calcium scoring
 Lung cancer screening

CTA
 Brain
 Chest (aneurysm/dissection)
 Chest (PE protocol)
 Abdomen (aorta) w/runoff
 Neck/Carotids
 Renal arteries
 Abdomen/Pelvis
 Extremity _____
 R L BIL

OTHER

Doppler if clinically indicated by radiologist
OR No Doppler

Transvaginal study if clinically indicated by radiologist **OR** Yes transvaginal **OR** No transvaginal

Aortic aneurysm screening (AAA)
 Abdomen Complete Limited
 Aorta
 Duplex/Carotid
 Obstetrical
 Biophysical profile/PRN Doppler
 < 14 weeks
 14+ weeks
 Pelvis Complete Limited
 Scrotum (indicate Doppler)
 Thyroid/Parathyroid
 Urinary tract renal/bladder
 Doppler (specify) _____
 Venous Doppler/Lower extremity (specify) _____
 Other _____

X-RAY

Views _____
 Chest
 Abdomen
 KUB
 Spine
 Cervical
 Thoracic
 Lumbar
 Extremity _____
 R L BIL
 Other _____

BONE DENSITY

Screening or Diagnostic
 OCT
 Height _____ Weight _____
 • History of pathological fracture? No Yes
 • Age-related osteoporosis w/o current pathological fracture?
 No Yes
 • Estrogen deficiency/clinical risk for osteoporosis?
 No Yes
 • Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? No Yes

Patient translation needed Spanish Chinese Korean Vietnamese Other _____

REPORTING METHOD STAT ASAP Read and call results to provider _____

Provider name (print)	Provider location	Phone #	Fax #
Provider signature (required)		NPI # (required for new providers)	Date

Do not use rubber stamp.



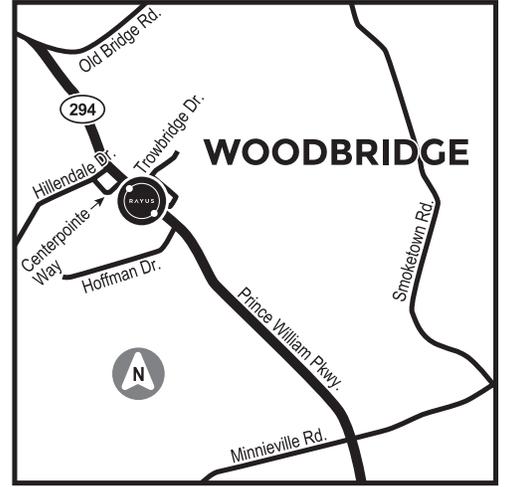
ARLINGTON
2786 S. Arlington Mill Dr.
Arlington, VA 22206

MRI HOURS OF OPERATION
Mon. - Fri. 6:30 a.m. - 11 p.m.
Sat. & Sun. 8 a.m. - 4 p.m.



FAIRFAX
10721 Main St., Suite G1
Fairfax, VA 22030

MRI HOURS OF OPERATION
Mon. - Fri. 7 a.m. - 8 p.m.
Sat. 8 a.m. - 4 p.m.



WOODBRIDGE
4001 Prince William Pkwy., Suite 104
Woodbridge, VA 22192

MRI HOURS OF OPERATION
Mon. - Fri. 6:30 a.m. - 11 p.m.
Sat. & Sun. 8 a.m. - 4 p.m.

CENTER	3T WIDE-BORE MRI	HIGH-FIELD MRI	HIGH-FIELD OPEN MRI	CT	VOLUMETRIC BRAIN IMAGING	ULTRASOUND	X-RAY	OTHER SERVICES
ARLINGTON	•	•	•	•	•			<ul style="list-style-type: none"> • Arthrogram • Prostate MRI • CT Lung Screening • CT Enterography • Bone Density (QCT) • Cardiac Calcium Scoring
FAIRFAX		•		•	•	•	•	<ul style="list-style-type: none"> • Arthrogram • Prostate MRI • CT Lung Screening • CT Enterography • Bone Density (QCT) • Cardiac Calcium Scoring
WOODBRIDGE	•	•			•			<ul style="list-style-type: none"> • MR Urogram • Abbreviated Breast MRI • Prostate MRI