

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

MRI	CT	ULTRASOUND
-----	----	------------

<p><input type="radio"/> IV contrast as clinically indicated by radiologist  <input type="radio"/> Without contrast <input type="radio"/> Without/With contrast</p> <p>Additional instructions _____</p> <p><b>NEURO</b>  <input type="radio"/> Brain and/or <input type="radio"/> Orbits  <input type="radio"/> Volumetric brain imaging (Icobrain)  <input type="radio"/> Dementia  <input type="radio"/> Epilepsy  <input type="radio"/> MS  <input type="radio"/> Traumatic brain injury</p> <p><input type="radio"/> IAC  <input type="radio"/> Pituitary  <input type="radio"/> Neck (soft tissue)  <input type="radio"/> TMJ</p> <p><b>SPINE</b>  <input type="radio"/> Cervical  <input type="radio"/> Thoracic  <input type="radio"/> Lumbar  <input type="radio"/> Lumbar compression (weight-bearing) (Fairfax only)</p> <p><b>MSK</b>  <input type="radio"/> Extremity non-joint _____  <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL  <input type="radio"/> Extremity joint _____  <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Arthrogram (if indicated)</p> <p><b>BODY</b>  <input type="radio"/> Chest  <input type="radio"/> Abbreviated breast screening (Woodbridge only)  <input type="radio"/> Breast bilateral (Woodbridge only)  <input type="radio"/> Abdomen  <input type="radio"/> Prostate - PSA level: _____  <input type="radio"/> Prostate screening exam - PSA level: _____  <input type="radio"/> Pelvis  <input type="radio"/> MRCP</p> <p><b>MRA</b>  <input type="radio"/> Brain  <input type="radio"/> Abdomen  <input type="radio"/> Neck/Carotids  <input type="radio"/> Renal arteries  <input type="radio"/> Extremity _____  <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL</p> <p><b>OTHER</b>  <input type="radio"/> _____</p>	<p><input type="radio"/> IV contrast as clinically indicated by radiologist  <input type="radio"/> Without contrast <input type="radio"/> With contrast  <input type="radio"/> Without/With contrast</p> <p><input type="radio"/> 3D reconstructions as clinically indicated by radiologist <b>OR</b> <input type="radio"/> No 3D reconstructions</p> <p><b>NEURO</b>  <input type="radio"/> Brain and/or <input type="radio"/> Orbits  <input type="radio"/> IAC  <input type="radio"/> Facial bones  <input type="radio"/> Sinus  <input type="radio"/> Neck (soft tissue)</p> <p><b>SPINE</b>  <input type="radio"/> Cervical  <input type="radio"/> Thoracic  <input type="radio"/> Lumbar</p> <p><b>MSK</b>  <input type="radio"/> Extremity _____  <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Arthrogram (if indicated)  <input type="radio"/> MAKO _____</p> <p><b>BODY</b>  <input type="radio"/> Chest  <input type="radio"/> Abdomen  <input type="radio"/> Pelvis  <input type="radio"/> Abdomen/Pelvis  <input type="radio"/> Urogram (abdomen/pelvis) (IVP) w/recons  <input type="radio"/> Enterography (abdomen/pelvis)  <input type="radio"/> Kidney stone protocol (abdomen/pelvis)</p> <p><b>SCREENING</b>  <input type="radio"/> Cardiac calcium scoring  <input type="radio"/> Lung cancer screening</p> <p><b>CTA</b>  <input type="radio"/> Brain  <input type="radio"/> Chest (aneurysm/dissection)  <input type="radio"/> Chest (PE protocol)  <input type="radio"/> Abdomen (aorta) w/runoff  <input type="radio"/> Neck/Carotids  <input type="radio"/> Renal arteries  <input type="radio"/> Abdomen/Pelvis  <input type="radio"/> Extremity _____  <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL</p> <p><b>OTHER</b>  <input type="radio"/> _____</p>	<p><input type="radio"/> Doppler if clinically indicated by radiologist  <b>OR</b> <input type="radio"/> No Doppler</p> <p><input type="radio"/> Transvaginal study if clinically indicated by radiologist <b>OR</b> <input type="radio"/> Yes transvaginal <b>OR</b> <input type="radio"/> No transvaginal</p> <p><input type="radio"/> Aortic aneurysm screening (AAA)  <input type="radio"/> Abdomen <input type="radio"/> Complete <input type="radio"/> Limited  <input type="radio"/> Aorta  <input type="radio"/> Duplex/Carotid  <input type="radio"/> Obstetrical  <input type="radio"/> Biophysical profile/PRN Doppler  <input type="radio"/> &lt; 14 weeks  <input type="radio"/> 14+ weeks  <input type="radio"/> Pelvis <input type="radio"/> Complete <input type="radio"/> Limited  <input type="radio"/> Scrotum (indicate Doppler)  <input type="radio"/> Thyroid/Parathyroid  <input type="radio"/> Urinary tract renal/bladder  <input type="radio"/> Doppler (specify) _____  <input type="radio"/> Venous Doppler/Lower extremity (specify) _____  <input type="radio"/> Other _____</p> <p style="text-align: center;"><b>X-RAY</b></p> <p>Views _____  <input type="radio"/> Chest  <input type="radio"/> Abdomen  <input type="radio"/> KUB  <input type="radio"/> Spine  <input type="radio"/> Cervical  <input type="radio"/> Thoracic  <input type="radio"/> Lumbar  <input type="radio"/> Extremity _____  <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL  <input type="radio"/> Other _____</p> <p style="text-align: center;"><b>BONE DENSITY</b></p> <p><input type="radio"/> Screening or <input type="radio"/> Diagnostic  <input type="radio"/> OCT  Height _____ Weight _____  • History of pathological fracture? <input type="radio"/> No <input type="radio"/> Yes  • Age-related osteoporosis w/o current pathological fracture?  <input type="radio"/> No <input type="radio"/> Yes  • Estrogen deficiency/clinical risk for osteoporosis?  <input type="radio"/> No <input type="radio"/> Yes  • Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? <input type="radio"/> No <input type="radio"/> Yes</p>
---	--	---

**Patient translation needed**  Spanish  Chinese  Korean  Vietnamese  Other \_\_\_\_\_

**REPORTING METHOD**  STAT ASAP  Read and call results to provider \_\_\_\_\_

<b>Provider name (print)</b>	<b>Provider location</b>	Phone #	<b>Fax #</b>
City/Zip			
<b>Provider signature (required)</b>	<b>NPI # (required for new providers)</b>	<b>Date</b>	
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.

**WOODBIDGE**  
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"> <li>• Arthrogram</li> <li>• Prostate MRI</li> <li>• CT Lung Screening</li> <li>• CT Enterography</li> <li>• Bone Density (QCT)</li> <li>• Cardiac Calcium Scoring</li> </ul>
FAIRFAX		•		•	•	•	•	<ul style="list-style-type: none"> <li>• Arthrogram</li> <li>• Prostate MRI</li> <li>• CT Lung Screening</li> <li>• CT Enterography</li> <li>• Bone Density (QCT)</li> <li>• Cardiac Calcium Scoring</li> </ul>
WOODBIDGE	•	•			•			<ul style="list-style-type: none"> <li>• MR Urogram</li> <li>• Abbreviated Breast MRI</li> <li>• Prostate MRI</li> </ul>