

**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

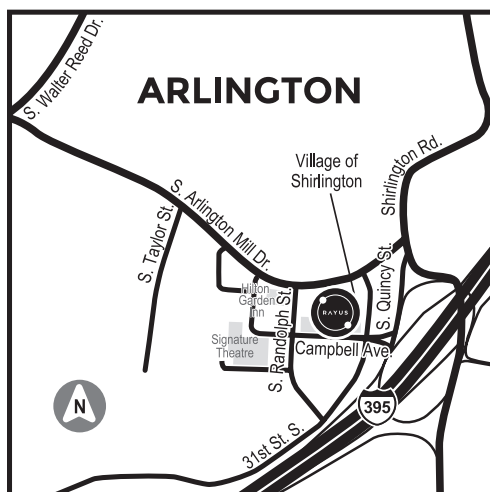
Highlighted fields below are required for a complete order.

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
<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.  <div style="text-align: center; font-size: 1.2em; color: gray;">Required</div>			<b>Clinical Decision Support (CDS)</b> <b>Required for Medicare Part B</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
<input type="radio"/> IV contrast as clinically indicated by radiologist <input type="radio"/> Without contrast <input type="radio"/> Without/With contrast Additional instructions _____  <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 <input type="radio"/> IAC <input type="radio"/> Pituitary <input type="radio"/> Neck (soft tissue) <input type="radio"/> TMJ  <b>SPINE</b> <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Lumbar compression (weight-bearing) (Fairfax only)  <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)  <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  <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  <b>OTHER</b> <input type="radio"/> _____	<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 <input type="radio"/> 3D reconstructions as clinically indicated by radiologist OR <input type="radio"/> No 3D reconstructions  <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)  <b>SPINE</b> <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar  <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 _____  <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)  <b>SCREENING</b> <input type="radio"/> Cardiac calcium scoring <input type="radio"/> Lung cancer screening  <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  <b>OTHER</b> <input type="radio"/> _____	<input type="radio"/> Doppler if clinically indicated by radiologist <b>OR <input type="radio"/> No Doppler</b> <input type="radio"/> Transvaginal study if clinically indicated by radiologist OR <input type="radio"/> Yes transvaginal OR <input type="radio"/> No transvaginal <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"/> < 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 _____  <div style="text-align: center; font-weight: bold; font-size: 1.1em;">X-RAY</div> 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 _____  <div style="text-align: center; font-weight: bold; font-size: 1.1em;">BONE DENSITY</div> <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

Patient translation needed <input type="radio"/> Spanish <input type="radio"/> Chinese <input type="radio"/> Korean <input type="radio"/> Vietnamese <input type="radio"/> Other _____				
REPORTING METHOD <input type="radio"/> STAT ASAP <input type="radio"/> 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.



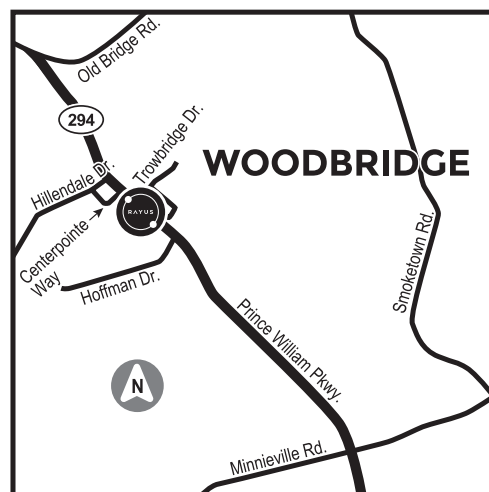
**ARLINGTON**  
2786 S. Arlington Mill Dr.  
Arlington, VA 22206

**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"> <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>
WOODBRIDGE	•	•			•			<ul style="list-style-type: none"> <li>• MR Urogram</li> <li>• Abbreviated Breast MRI</li> <li>• Prostate MRI</li> </ul>