SCHEDULING
P: 703.591.8020
F: 703.591.0722

○ Patient will call to schedule
○ Call patient to schedule

○ Arlington
○ Fairfax
○ Woodbridge CT
○ Woodbridge MRI
See back for addresses

RAYUS RADIOLOGY®

Highlighted fields below are required for a complete order.

Appointment date and time		Check-in time	Patient DOB	Sex assigned at birth ○ M ○ F
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #	
Insurance name	Insurance ID #	Pre-authorization #	Date of injury	○ Auto ○ 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.

Required

Is the exam/procedure related to an injury? ○ No ○ Yes **If yes** ○ Initial ○ Subsequent or ○ Sequela

MRI

○ **IV contrast as clinically indicated by radiologist**
○ **Without contrast** ○ **Without/With contrast**
Additional instructions _____

NEURO
○ Brain and/or ○ Orbits
○ Volumetric brain imaging (Icobrain & Neuroquant)
  ○ 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
○ Abdomen
○ Prostate - PSA level: _____
  ○ Prostate screening exam - PSA level: _____
○ Pelvis
○ MRCP

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

OTHER
○ _____

CT

○ **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
○ _____

ULTRASOUND

○ **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 _____

Patient translation needed ○ Spanish ○ Chinese ○ Korean ○ Vietnamese ○ Other _____

REPORTING METHOD ○ STAT ASAP ○ Read and call results to provider _____

Provider name (print)	**Provider location** City/Zip	Phone #	**Fax #**
Provider signature (required) Do not use rubber stamp.		**NPI # (required for new providers)**	**Date**

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P: 703.591.8020
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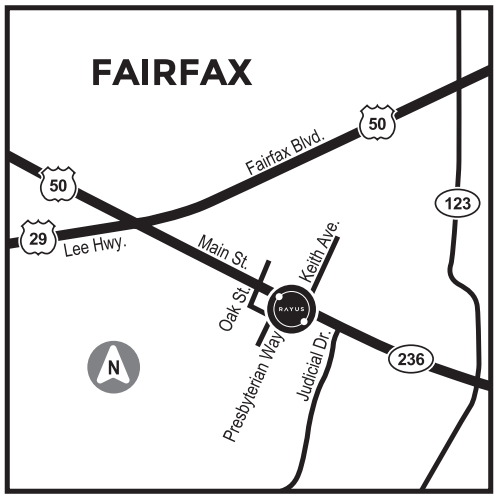
RAYUS RADIOLOGY®

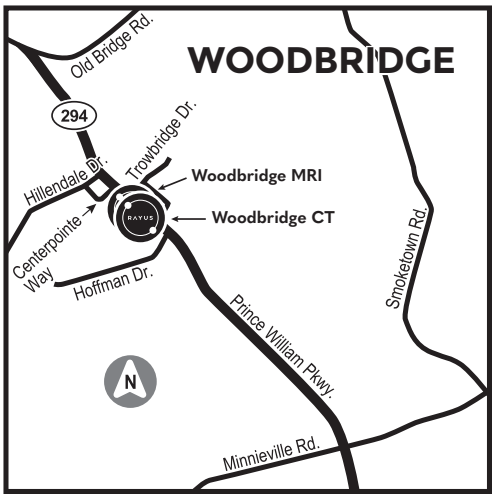
ARLINGTON
2786 S. Arlington Mill Dr.
Arlington, VA 22206

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. - 9:30 p.m.
Sat. 7 a.m. - 5 p.m.



WOODBRIDGE CT
3985 Prince William Pkwy., Suite 104
Woodbridge, VA 22192

CT HOURS OF OPERATION
Mon. - Fri. 8 a.m. - 4:30 p.m.

WOODBRIDGE MRI
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	●	●	●	●	●			• Arthrogram • Prostate MRI • CT Lung Screening • Cardiac Calcium Scoring
FAIRFAX		●		●	●	●	●	• Arthrogram • Prostate MRI • CT Lung Screening • CT Enterography • Bone Density (QCT) • Cardiac Calcium Scoring
WOODBRIDGE CT				●			●	• Cardiac Calcium Scoring • CT Lung • Arthrogram
WOODBRIDGE MRI	●	●			●			• MR Urogram • Prostate MRI