



Schedule a Mammogram Online
WashingtonRadiology.com

BRING THIS FORM TO YOUR APPOINTMENT

PATIENT INFORMATION

Patient Name	DOB	Patient Phone Number
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PHYSICIAN INFORMATION

Physician Name (printed)	Physician NPI	Date
Physician Phone	Physician Fax	Physician Practice

DIAGNOSIS CODE MUST BE PROVIDED FOR THIS ORDER TO BE VALID. PLEASE PROVIDE THE NECESSARY CODE FOR EACH STUDY ORDERED.

ULTRASOUND 2D/3D/4D

ICD-10 CODE

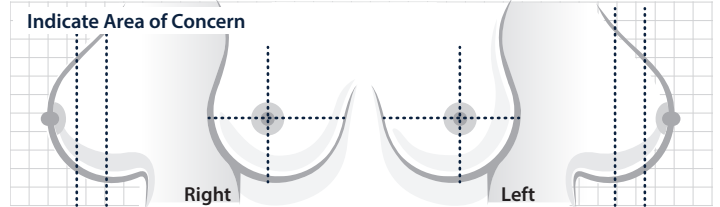
<input type="checkbox"/> Complete Abdomen <input type="checkbox"/> Limited Abdomen (eg: hernia, lump, gallstones): <input type="checkbox"/> Liver Elastography <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Bladder <input type="checkbox"/> Infant Ultrasound: _____ <i>(Bel Air and Hagerstown Only)</i>	<input type="checkbox"/> Interventional Studies <input type="radio"/> Joint Injection <input type="radio"/> Nerve Injection <input type="radio"/> Aspiration <input type="checkbox"/> Pelvic Transabdominal only <input type="checkbox"/> Pelvic including Transvaginal and Doppler PRN	<input type="checkbox"/> OB ___ weeks PRN TV, Doppler <input type="checkbox"/> BPP, Doppler ___ weeks <input type="checkbox"/> OB/NT (11 weeks 1 day-13 weeks 6 days) PRN TV, Doppler <input type="radio"/> With blood draw <input type="radio"/> Without blood draw <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Renal Arterial Doppler	<input type="checkbox"/> Venous Doppler Imaging of: _____ <input type="checkbox"/> Testicular w/Doppler <input type="checkbox"/> Sonohysterogram (SHG) <input type="checkbox"/> Thyroid <input type="radio"/> FNA <input type="checkbox"/> Lymph Node Map of Neck <input type="checkbox"/> Aorta (AAA) <input type="checkbox"/> Renal
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BREAST STUDIES 2D/3D

ICD-10 CODE

ICD-10 CODE R92.2 - inconclusive mammogram will be used for patient recall exams.

<input type="checkbox"/> Screening Mammogram with additional views and/or US, PRN <input type="checkbox"/> Diagnostic Mammogram, US/Cyst Aspiration PRN <input type="checkbox"/> Screening Breast Ultrasound <input type="checkbox"/> Diagnostic Breast Ultrasound <input type="radio"/> Mammogram PRN	<input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> Ultrasound Biopsy <input type="checkbox"/> Stereotactic Biopsy <input type="checkbox"/> 3D Breast Biopsy <input type="checkbox"/> MRI Biopsy <input type="checkbox"/> Breast MRI <input type="checkbox"/> FAST Breast MRI
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MRI

MRI CONTRAST: W W/O W & W/O As Needed **ICD-10 CODE**

<input type="checkbox"/> Brain <input type="checkbox"/> Pituitary <input type="checkbox"/> NeuroQuant™ <input type="checkbox"/> IAC <input type="checkbox"/> Orbits	<input type="checkbox"/> Face <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Spine <input type="radio"/> C <input type="radio"/> T <input type="radio"/> L <input type="checkbox"/> Chest <input type="checkbox"/> Breast <input type="radio"/> Biopsy <input type="radio"/> Implants	<input type="checkbox"/> Abdomen <input type="checkbox"/> MRCP <input type="checkbox"/> Pelvis <input type="checkbox"/> Joint/Extremity: _____	<input type="checkbox"/> MR Arthrography: _____ <input type="checkbox"/> MR Angiography: _____ <input type="checkbox"/> Other: _____
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CT*

CT CONTRAST: W W/O W & W/O As Needed **ICD-10 CODE**

<input type="checkbox"/> Head <input type="radio"/> Temporal Bone <input type="checkbox"/> Sinuses <input type="radio"/> Screening <input type="radio"/> Full Series <input type="checkbox"/> Neck <input type="checkbox"/> Cardiac Calcium Scoring	<input type="checkbox"/> Chest <input type="checkbox"/> Lung Screening CT <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> CT Enterography <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis	<input type="checkbox"/> CT Urogram <input type="checkbox"/> Renal (stone protocol) <input type="checkbox"/> Virtual Colonoscopy <input type="checkbox"/> CT Angiography: _____ <input type="radio"/> With 3D Rendering	<input type="checkbox"/> Musculoskeletal: _____ <input type="radio"/> With 3D Rendering <input type="checkbox"/> Other: _____ <i>* Multiplanar Reconstruction performed as needed/requested.</i>
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GENERAL X-RAY

ICD-10 CODE

<input type="checkbox"/> PA Chest <input type="checkbox"/> PA/Lat Chest <input type="checkbox"/> Flat/Erect Abdomen <input type="checkbox"/> Head <input type="radio"/> Skull <input type="radio"/> Orbits <input type="radio"/> Sinuses <input type="checkbox"/> Hips <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Bilateral	<input type="checkbox"/> KUB <input type="checkbox"/> Ribs <input type="checkbox"/> Scoliosis <i>(Bel Air Only)</i> <input type="checkbox"/> Skeletal Survey <i>(Bel Air Only)</i> <input type="checkbox"/> Bone Age <i>(Bel Air, Germantown and Hagerstown Only)</i>	<input type="checkbox"/> Spine <input type="radio"/> C <input type="radio"/> T <input type="radio"/> L <input type="checkbox"/> Extremity: _____ <input type="checkbox"/> Other: _____
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FLUOROSCOPY

ICD-10 CODE

<input type="checkbox"/> Esophagram <input type="checkbox"/> Upper GI <input type="radio"/> Small Bowel <input type="checkbox"/> Hysterosalpingogram (HSG) <input type="checkbox"/> Other: _____
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BIOPSY (NON-BREAST)

ICD-10 CODE

<input type="checkbox"/> Specify Site: _____
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BONE DENSITOMETRY

ICD-10 CODE

<input type="checkbox"/> DEXA Scan <input type="radio"/> With VFA PRN
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PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature	Date	Time
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WASHINGTON RADIOLOGY

TO SCHEDULE AT THESE LOCATIONS, CALL 703-280-9800

LOCATIONS

	MRI	FAST Breast MRI	CT	CT - Virtual Colonoscopy	Ultrasound - General	Ultrasound - Liver Elastography	2D & 3D Screening Mammo	2D & 3D Diagnostic Mammo	Ultrasound - Breast	Biopsy - Breast	Biopsy - Thyroid	Fluoroscopy	Bone Density	X-Ray
Washington, DC 2141 K Street NW, Suites 100, 111, 200, 900, Washington, DC 20037 P: 202-223-9722 F: 202-659-2819	3T 1.5T	•	•	•	•	•	•	•	•	•	•	•	•	•
Bethesda, MD 10215 Fernwood Road, Suite 103, Bethesda, MD 20817 P: 301-564-1053 F: 301-493-8522					•	•	•				•		•	•
Chevy Chase, MD 4445 Willard Avenue, Suite 200, Chevy Chase, MD 20815 P: 301-654-4242 F: 301-907-7414	1.5T	•	•		•	•	•	•	•	•			•	•
Germantown, MD 20410 Observation Dr., Suite 203, Germantown, MD 20876 P: 301-298-1426 F: 301-298-1428							•	•	•				•	
Potomac, MD 12505 Park Potomac Avenue, Suite 120, Potomac, MD 20854 P: 240-223-4700 F: 240-223-4701	3T	•					•	•	•	•			•	
Arlington, VA 1005 North Glebe Road, Suite 110, Arlington, VA 22201 P: 703-280-1410 F: 703-280-4751							•						•	
Fairfax, VA 3022 Williams Drive, Suites 104, 200, 204, Fairfax, VA 22031 P: 703-698-8800 F: 703-573-2318	1.5T	•			•	•	•	•	•	•	•		•	•
Sterling, VA 21351 Ridgetop Circle, Suites 100, 150, Sterling, VA 20166 P: 571-434-0140 F: 571-434-0144			•	•	•	•	•	•	•	•	•		•	•

TO SCHEDULE AT THE LOCATIONS BELOW, CALL THE INDIVIDUAL CENTER

Washington, DC Foxhall 3301 New Mexico Avenue, Suite 132, Washington, DC 20016 P: 202-966-0606 F: 202-244-6757	3T													
Bel Air, MD Colonnade 100 Fulford Avenue, Bel Air, MD 21014 P: 410-838-6767 F: 410-838-7895	3T		•	•	•		•	•	•			•	•	•
Berlin, MD 314 Franklin Avenue, Suite 406, Berlin, MD 21811 P: 410-641-9560 F: 410-641-4662	1.5T													
Bethesda, MD 10215 Fernwood Road, Suite 40, Bethesda, MD 20817 P: 240-673-1500 F: 240-673-1501	3T		•											
Germantown, MD 20410 Observation Drive, Suite 106, Germantown, MD 20876 P: 240-397-6674 F: 240-397-6676	3T		•											•
Greenbelt, MD 7701 Greenbelt Road, Suite 102, Greenbelt, MD 20770 P: 301-464-6400 F: 301-464-6404	3T													
Hagerstown, MD Trilogy II 1185 Imperial Drive, Suite 100, Hagerstown, MD 21740 P: 301-733-1477 F: 301-733-7758	3T 1.2T OPEN		•		•						•	•		•
Olney, MD 3300 Olney-Sandy Spring Road, Suite 100, Olney, MD 20832 P: 301-260-2971 F: 301-260-7971	3T													
Salisbury, MD 1820 Sweetbay Drive, Suite 102, Salisbury, MD 21804 P: 410-546-3390 F: 410-546-6136	3T		•											

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