



Schedule by Phone
703.280.9800



Schedule Online
WashingtonRadiology.com

BRING THIS FORM TO YOUR APPOINTMENT

PATIENT INFORMATION

Patient Name	DOB	Order Date (Required)	Patient Phone Number
Referring Clinician	Referring Clinician Signature/Stamp (Required)		Phone Number for Stat Reading (Required)

PHYSICIAN'S WRITTEN ORDER

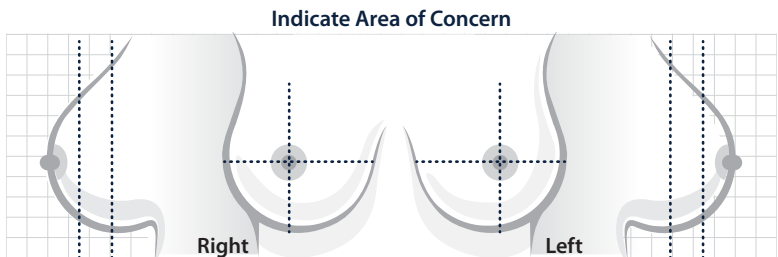
Clinical History, Symptoms, or Reason for Exam (Required) _____

ULTRASOUND 2D/3D/4D

- | | | |
|---|--|--|
| <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"/> Interventional Studies
○ Joint Injection
○ Nerve Injection
○ 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
○ With blood draw
○ 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 ○ FNA
<input type="checkbox"/> Lymph Node Map of Neck
<input type="checkbox"/> Aorta (AAA)
<input type="checkbox"/> Renal
<input type="checkbox"/> Bladder
<input type="checkbox"/> Transrectal Prostate |
|---|--|--|

BREAST STUDIES 2D/3D

- | | |
|--|---|
| <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
○ 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 |
|--|---|



MRI

MRI CONTRAST: W W/O W & W/O As Needed

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Brain
<input type="checkbox"/> Pituitary
<input type="checkbox"/> NeuroQuant™
<input type="checkbox"/> IAC
<input type="checkbox"/> Orbits/Face | <input type="checkbox"/> Soft Tissue Neck
<input type="checkbox"/> Spine ○ C ○ T ○ L
<input type="checkbox"/> Chest
<input type="checkbox"/> Breast ○ Biopsy ○ 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: _____ |
|--|--|---|--|

CT*

CT CONTRAST: W W/O W & W/O As Needed

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Head
○ Temporal Bone
<input type="checkbox"/> Sinuses
○ Screening ○ 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: _____
○ With 3D Rendering | <input type="checkbox"/> Musculoskeletal: _____
○ With 3D Rendering
<input type="checkbox"/> Other: _____
<i>* Multiplanar Reconstruction performed as needed/requested.</i> |
|--|--|---|---|

GENERAL X-RAY

- | | | |
|---|--|---|
| <input type="checkbox"/> PA Chest
<input type="checkbox"/> PA/Lat Chest
<input type="checkbox"/> Flat/Erect Abdomen
<input type="checkbox"/> Head
○ Skull ○ Orbits
○ Sinuses | <input type="checkbox"/> Hips
○ Left ○ Right
○ Bilateral
<input type="checkbox"/> KUB
<input type="checkbox"/> Ribs
<input type="checkbox"/> Scoliosis Survey | <input type="checkbox"/> Sinus
<input type="checkbox"/> Spine
○ C ○ T ○ L
<input type="checkbox"/> Extremity: _____
<input type="checkbox"/> Other: _____ |
|---|--|---|

FLUOROSCOPY

- Esophagram
- Upper GI ○ Small Bowel
- Hysterosalpingogram (HSG)
- Other: _____

BIOPSY (NON-BREAST)

- Specify Site: _____

BONE DENSITOMETRY

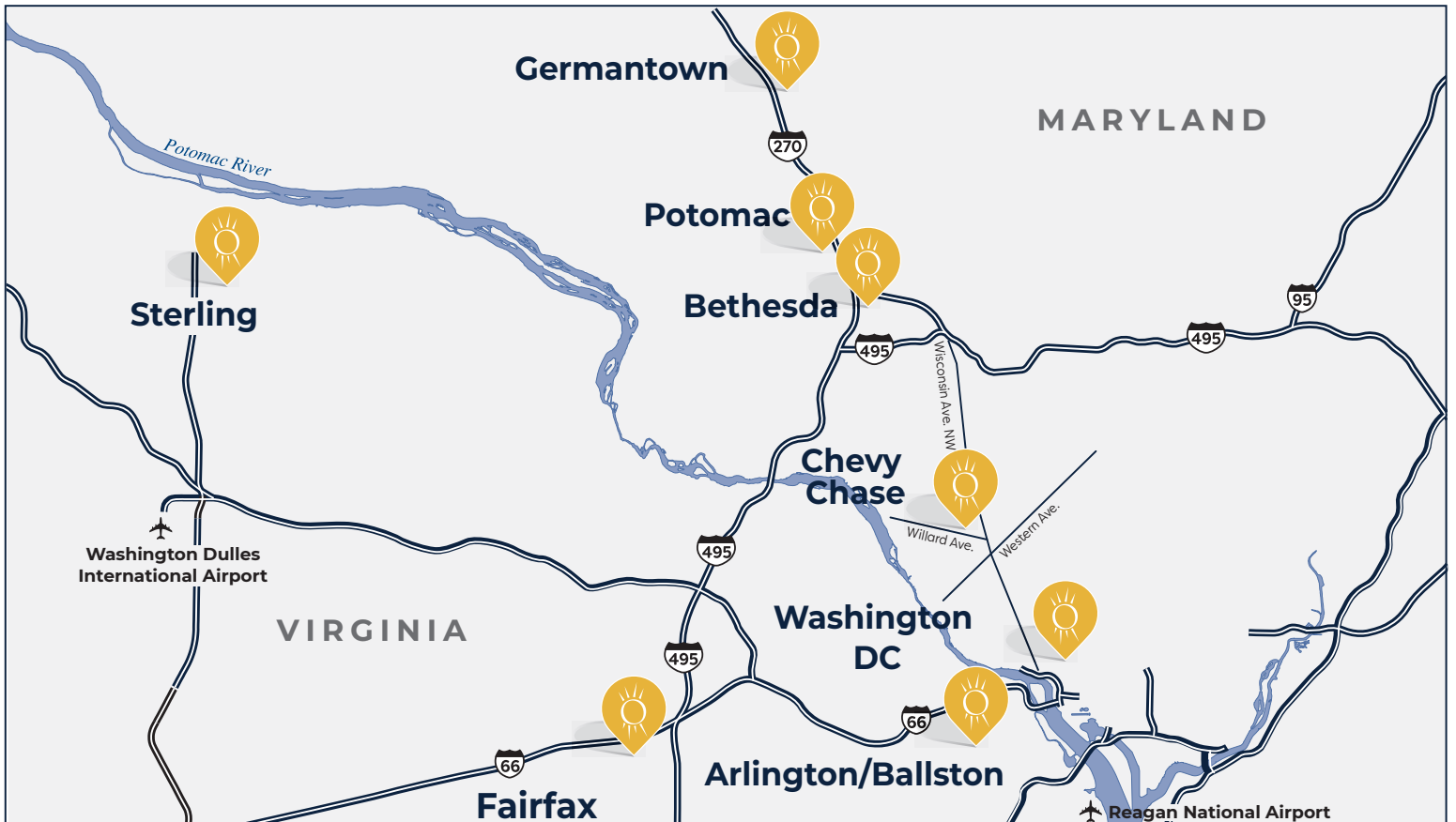
- DEXA Scan
 ○ With VFA PRN

Facility addresses and services on reverse side.

WASHINGTON RADIOLOGY

LOCATIONS

LOCATIONS	X-Ray	Bone Density	Fluoroscopy	2D & 3D Screening Mammo	2D & 3D Diagnostic Mammo	Ultrasound - Breast	Ultrasound - General	Ultrasound - Liver Elastography	CT	MRI	FAST Breast MRI	Biopsy - Breast	Biopsy - Thyroid
Washington, DC 2141 K Street NW, Suites 100, 111, 200, 900, Washington, DC 20037 P: 202.223.9722 F: 202.659.2819	•	•	•	•	•	•	•	•	•	•	•	•	•
Chevy Chase, MD 4445 Willard Avenue, Suite 200, Chevy Chase, MD 20815 P: 301.654.4242 F: 301.907.7414	•	•		•	•	•	•	•	•	•	•	•	•
Bethesda, MD 10215 Fernwood Road, Suite 103, Bethesda, MD 20817 P: 301.564.1053 F: 301.493.8522	•	•		•			•	•					•
Potomac, MD 12505 Park Potomac Avenue, Suite 120, Potomac, MD 20854 P: 240.223.4700 F: 240.223.4701		•		•	•	•				•	•	•	
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	•	•		•	•	•	•	•		•	•	•	•
Sterling, VA 21351 Ridgetop Circle, Suites 100, 150, Sterling, VA 20166 P: 571.434.0140 F: 571.434.0144	•	•		•	•	•	•	•	•			•	•
Germantown, MD 20410 Observation Dr., Suite 203, Germantown, MD 20876 P: 301.298.1426 F: 301.298.1428		•		•	•	•						•	



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