



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) _____

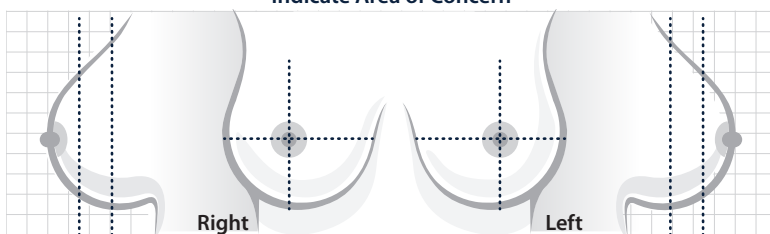
ULTRASOUND 2D/3D/4D

- | | | |
|---|--|---|
| <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
<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
<input type="checkbox"/> Bladder |
|---|--|---|

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
<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 |
|--|---|

Indicate Area of Concern



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 <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: _____ |
|--|--|---|--|

CT*

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

- | | | | |
|--|--|---|--|
| <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: _____
<p><i>* Multiplanar Reconstruction performed as needed/requested.</i></p> |
|--|--|---|--|

GENERAL X-RAY

- | | | |
|---|--|---|
| <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 Survey | <input type="checkbox"/> Sinus
<input type="checkbox"/> Spine
<input type="radio"/> C <input type="radio"/> T <input type="radio"/> 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

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

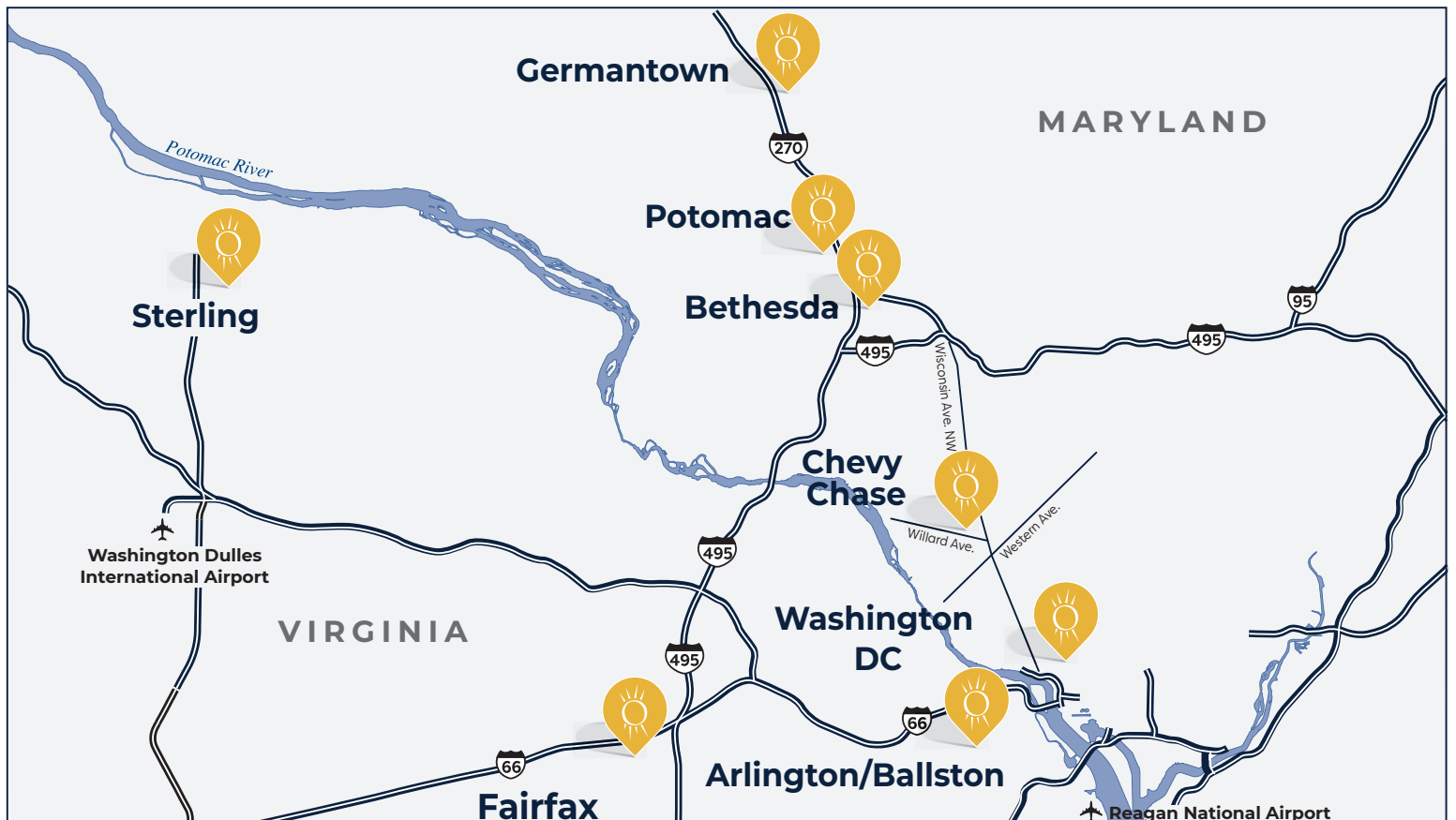
Arlington, VA 1005 North Glebe Road, Suite 110, Arlington, VA 22201
P: 703.280.1410 | F: 703.280.4751

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

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
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