



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

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

MRI

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

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

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

GENERAL X-RAY

ICD-10 CODE _____

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

FLUOROSCOPY

ICD-10 CODE _____

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

BIOPSY (NON-BREAST)

ICD-10 CODE _____

- Specify Site: _____

BONE DENSITOMETRY

ICD-10 CODE _____

- DEXA Scan
 With VFA PRN

PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature	Date	Time
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WASHINGTON RADIOLOGY

DISTRICT OF COLUMBIA

	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 Schedule: 703-280-9800 P: 202-223-9722 F: 202-659-2819	3T 1.5T	•	•	•	•	•	•	•	•	•	•	•	•	•
Washington, DC Foxhall 3301 New Mexico Avenue, Suite 132, Washington, DC 20016 Schedule: 202-966-0606 F: 202-244-6757	3T													

MARYLAND

Bel Air, MD Colonnade 100 Fulford Avenue, Bel Air, MD 21014 Schedule: 410-838-6767 F: 410-838-7895	3T		•	•	•		•	•	•			•	•	•
Berlin, MD 314 Franklin Avenue, Suite 406, Berlin, MD 21811 Schedule: 410-641-9560 F: 410-641-4662	1.5T													
Bethesda, MD 10215 Fernwood Road, Suite 103, Bethesda, MD 20817 Schedule: 703-280-9800 P: 301-564-1053 F: 301-493-8522					•	•	•				•		•	•
Bethesda, MD 10215 Fernwood Road, Suite 40, Bethesda, MD 20817 Schedule: 240-673-1500 F: 240-673-1501	3T		•											
Chevy Chase, MD 4445 Willard Avenue, Suite 200, Chevy Chase, MD 20815 Schedule: 703-280-9800 P: 301-654-4242 F: 301-907-7414	1.5T	•	•		•	•	•	•	•	•	•		•	•
Germantown, MD 20410 Observation Dr., Suite 203, Germantown, MD 20876 Schedule: 703-280-9800 P: 301-298-1426 F: 301-298-1428							•	•	•	•			•	
Germantown, MD 20410 Observation Drive, Suite 106, Germantown, MD 20876 Schedule: 240-397-6674 F: 240-397-6676	3T		•											•
Greenbelt, MD 7701 Greenbelt Road, Suite 102, Greenbelt, MD 20770 Schedule: 301-464-6400 F: 301-464-6404	3T													
Hagerstown, MD Trilogy II 1185 Imperial Drive, Suite 100, Hagerstown, MD 21740 Schedule: 301-733-1477 F: 301-733-7758	3T 1.2T OPEN		•		•						•	•		•
Olney, MD 3300 Olney-Sandy Spring Road, Suite 100, Olney, MD 20832 Schedule: 301-260-2971 F: 301-260-7971	3T													
Potomac, MD 12505 Park Potomac Avenue, Suite 120, Potomac, MD 20854 Schedule: 703-280-9800 P: 240-223-4700 F: 240-223-4701	3T	•					•	•	•	•			•	
Salisbury, MD 1820 Sweetbay Drive, Suite 102, Salisbury, MD 21804 Schedule: 410-546-3390 F: 410-546-6136	3T		•											

VIRGINIA

Arlington, VA 1005 North Glebe Road, Suite 110, Arlington, VA 22201 Schedule: 703-280-9800 P: 703-280-1410 F: 703-280-4751							•							•
Fairfax, VA 3022 Williams Drive, Suites 104, 200, 204, Fairfax, VA 22031 Schedule: 703-280-9800 P: 703-698-8800 F: 703-573-2318	1.5T	•			•	•	•	•	•	•	•		•	•
Sterling, VA 21351 Ridgetop Circle, Suites 100, 150, Sterling, VA 20166 Schedule: 703-280-9800 P: 571-434-0140 F: 571-434-0144			•	•	•	•	•	•	•	•			•	•