

Patient Name _____ DOB _____ Patient Phone _____

Physician _____ **Signature Req'd** _____ Order Date _____

ICD-10 Code _____ Physician Phone _____ Fax _____

Additional Clinical Information _____

I authorize AAR to add or delete any additional imaging procedures that are required to appropriately diagnose the patient I am referring.

STAT, Phone _____

Send CD with Patient

**3D MAMMOGRAPHY /
BREAST SERVICES**

- 3D Screening Mammogram
(Asymptomatic) as indicated Diagnostic Mammogram/Breast Ultrasound
- 3D Diagnostic Mammogram
(Symptomatic) as indicated Breast Ultrasound
- Diagnostic Breast Ultrasound
 L R BILAT
 Mammogram as indicated
- CONDITIONAL ORDERS:**
Cyst Aspiration/Biopsy as indicated
- Cyst Aspiration
- Stereotactic Biopsy L R BILAT
- Ultrasound Biopsy L R BILAT
- 3D Breast Biopsy L R BILAT

**DIAGNOSTIC X-RAY
(NO APPOINTMENT REQUIRED)**

- Chest PA/LAT PA only
- Abdomen Supine/KUB
 Flat/Erect w/ PA CXR
- Ribs L R BILAT
- Spine C T L/S
- Head Skull Sinuses Orbits
- Sacrum/Coccyx
- Pelvis
- Bone Survey
- Bone Age

EXTREMITIES

- Hip L R Hand L R
- Shoulder L R Knee L R
- Elbow L R Ankle L R
- Wrist L R Foot L R
- Other: _____

OB / GENERAL ULTRASOUND

- OB, Transvaginal and/or Doppler PRN
 1st 2nd 3rd Trimester
- Nuchal Translucency First Trimester Screening w/ PAPP-A/Free Beta
- Bio-Physical Profile w/ Doppler
- Pelvic Transabdominal, Transvaginal and/or Doppler PRN
- Transvaginal, Doppler PRN
- Abdominal Complete, Doppler PRN
- Liver Elastography
- Bladder
- Renal w/ Bladder
- Thyroid/Neck
- Scrotal/Testicular, Doppler PRN
- Hysterosonogram (Saline Infusion):
Menopausal Y N
- MSK Foot/Ankle
- Other: _____

NEONATAL / INFANT ULTRASOUND

- Neonatal Brain
- Neonatal Hip
- Neonatal Spine
- Neonatal Pyloric Stenosis
- Fetal Renal Pyelectasis
- Neonatal Abdomen/Pelvic

OTHER REQUEST

- _____
- _____

**DIAGNOSTIC VEIN /
VASCULAR SERVICES**

- Carotid Duplex Ultrasound, Bilateral
- Venous Duplex Ultrasound
 Upper Extremity L R B
 Lower Extremity L R B
- Venous Insufficiency Duplex Ultrasound
- Consult Varicose Veins
- Renal Artery Duplex
- Mesenteric Duplex Ultrasound
- Arterial Duplex Ultrasound (Woodbridge)
 Upper Extremity L R B
 Lower Extremity L R B
- Abdominal Aortic Aneurysm (AAA)
- Physiologic Arterial Study (PVR) of Upper Extremities (Woodbridge)
 Resting w/ Stress Maneuvers (Thoracic Outlet Syndrome)
- Physiologic Arterial Study (PVR) of Lower Extremities (Woodbridge)
 Resting w/ Treadmill Stress Test
- Consult Peripheral Arterial Disease
- Other: _____

See Cardiovascular/Interventional referral form for AAR hospital-based procedures.

**BONE DENSITY /
BODY COMPOSITION**

- DEXA Bone Density Scan
- DEXA w/ VFA
- Body Composition (Woodbridge)
- Other: _____

**FLUOROSCOPY
WOODBRIDGE**

- Arthrogram: Joint _____
- HSG (Hysterosalpingogram)

IMPORTANT INFORMATION FOR YOUR APPOINTMENT

1. On the day of your appointment, be sure to bring:
 - This form; it is your doctor's order.
 - Your insurance card and a photo ID.
 - Your copay.
 - All relevant previous studies and reports related to the reason for your visit.
 - Any registration forms for your appointment.
2. Our visitor policy has changed. Non-essential support persons will not be allowed in our Center and will be asked to wait in the car. Please visit our website AlexandriaRadiology.com for information about our Covid-19 visitor restrictions to help ensure a safe environment for patients, essential caregivers and staff.
3. To expedite check-in, we strongly encourage patients to complete their registration forms in advance. Please visit our website to download the appropriate files, complete / sign the documents and bring printed copies to your appointment. For questions, please call Scheduling at **703-824-3260**.

EXAM PREPARATION INSTRUCTIONS

MAMMOGRAM

Do not use deodorants, lotions, powders, creams or perfumes on the day of your exam as it can interfere with the quality of the images. If this is your first visit to AAR, please bring to your appointment any prior mammography reports and films.

DEXA/BONE DENSITY

Do not take calcium supplements 24 hours prior to your exam. For 7 days prior to your DEXA, avoid any barium or contrast imaging studies associated with CT, MRI and Fluoro evaluation.

ULTRASOUND: ABDOMINAL, AORTIC, AAA, LIVER ELASTOGRAPHY

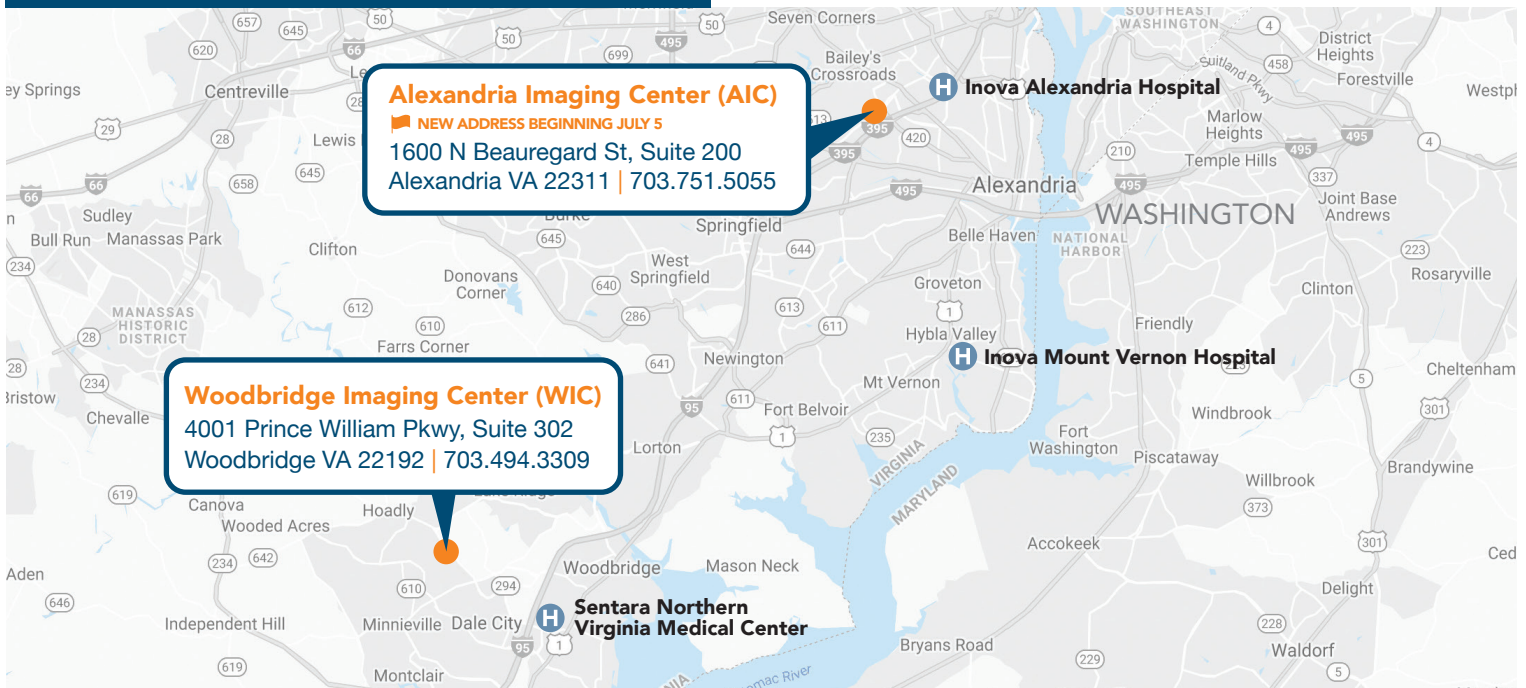
Do not eat, drink, chew gum, or smoke for 8 hours prior to your exam.

ULTRASOUND: PELVIC, RENAL, BLADDER

One hour before your exam, please empty your bladder and finish drinking 24 oz. clear fluid (water, apple juice, tea). Do not empty your bladder until the exam is complete.

If you have any questions about your visit, please call the office where your exam is scheduled.

AAR IMAGING CENTER LOCATIONS



Interventional Radiology Services provided by AAR at these hospital locations

- H Inova Alexandria Hospital** Cardiovascular and Interventional Radiology | 4320 Seminary Road, Alexandria VA 22304
- H Inova Mount Vernon Hospital** Cardiovascular and Interventional Radiology | 2501 Parker's Lane, Alexandria VA 22306
- H Sentara Northern VA Medical Center** Heart and Vascular Center | 2300 Opitz Boulevard, Woodbridge VA 22191

TWO CONVENIENT WAYS TO SCHEDULE

CALL OUR SCHEDULING TEAM
703.824.3260

ONLINE MAMMOGRAPHY SCHEDULING
AlexandriaRadiology.com

