



ASSOCIATION OF ALEXANDRIA RADIOLOGISTS, PC

GENERAL DIAGNOSTIC RADIOLOGY
APPOINTMENT SCHEDULING: 703.824.3260
alexandriaradiology.com

APPOINTMENT INFORMATION
You must bring this form to your appointment
Date Time
Location

Patient Name DOB:

PLEASE CALL THE PATIENT TO SCHEDULE
PLEASE FAX THIS FORM TO 703.995.4425

PATIENT'S PHONE (H or C) (W) Date

Physician Signature Required

Telephone Fax Report Copies to

Reasons for exam:

ICD-10 Code Precert./Auth. No

- STAT
Wet Read, Phone #
Important Finding, Phone #
Send with Patient: Film CD

DIAGNOSTIC X-RAY
NO APPOINTMENT NEEDED

- Chest PA/LAT PA only
Abdomen Supine Flat/Erect
Ribs RT LT BILAT
KUB
Cervical Spine
Sinus
T-Spine
L/S-Spine
Pelvis
Sacrum/Coccyx
Hip RT LT
Shoulder RT LT
Humerus RT LT
Elbow RT LT
Forearm RT LT
Wrist RT LT
Hand RT LT
Finger RT LT
Femur RT LT
Knee RT LT
Lower Leg RT LT
Ankle RT LT
Foot RT LT
Toe RT LT
Other

DIGITAL MAMMOGRAPHY
APPOINTMENT REQUIRED

- Screening/CAD Asymptomatic
3D Mammogram Tomography
Conditional Orders:
F/U comprehensive mammogram w/breast ultrasound, as indicated
Diagnostic/CAD Symptomatic
RT LT BILAT
Breast Sono as indicated
Conditional Orders:
Biopsy or cyst aspiration, as indicated

BIOPSY

APPOINTMENT REQUIRED

- Stereotactic Breast Biopsy
RT LT BILAT
Ultrasound Biopsy
RT LT BILAT
Cyst Aspiration

DEXA

APPOINTMENT REQUIRED

- Bone Density Scan
DEXA w/IVA/VFA
Body Composition (WIC only)

OTHER REQUEST

APPOINTMENT REQUIRED

FLUOROSCOPY (WIC ONLY)
APPOINTMENT REQUIRED

- Arthrogram
Joint:
HSG

ULTRASOUND

APPOINTMENT REQUIRED

- OB 1st 2nd 3rd Trimester
OB Followup
OB Detail 35 & up
Nuchal Trans w/ PAPP A & Free Beta
Bio-Physical Profile
Pelvic - Transabdominal
Transvaginal as indicated
Transvaginal
Abdominal - Complete, Doppler as indicated
Bladder
Renal
MSK Foot
Thyroid
Testicular, Doppler as indicated
Hysterosonogram-Saline Infusion
Menopausal YES NO
Breast RT LT BILAT

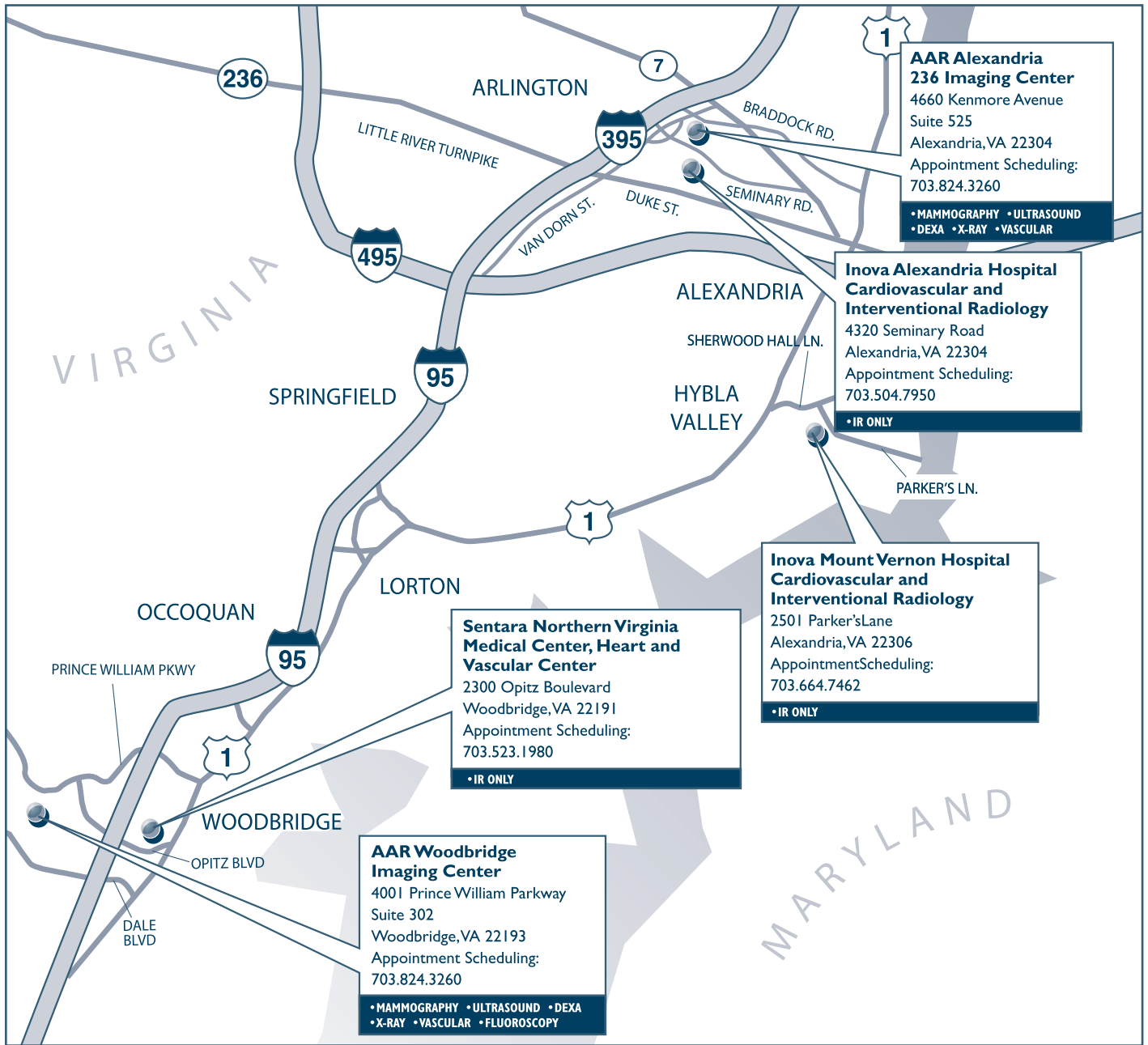
INFANT & NEONATAL ULTRASOUND
APPOINTMENT REQUIRED

- Neonatal Hip RT LT
Neonatal Spine
Neonatal Pyloric Stenosis

VASCULAR ULTRASOUND

APPOINTMENT REQUIRED

- Carotid Doppler, Bilateral
Venous Doppler
Upper Extremity Lower Extremity
Renal Arterial Doppler (WIC only)



**IMPORTANT PATIENT INFORMATION FOR YOUR APPOINTMENT**

- Children are not permitted to accompany a patient to the examination room and may not be left unattended in the waiting room. Please plan accordingly.
- 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 copy
  - All previous mammography studies

- All other previous studies and reports related to your condition Any appointment forms you have completed

**EXAM PREPARATION INSTRUCTIONS**

**Mammogram**  
Please do not use deodorant, perfume or powder on the underarms or breast area the day of the exam. Bring previous mammograms for comparison –if not performed at AAR.

**DEXA/Bone Density**  
Do not take calcium supplements 24 hours

prior to the exam. If you have had, or are scheduled to have, an exam requiring barium or contrast, it must be completed at least 7 days prior to your bone density appointment.

**Ultrasound—Abominal, Aortic, or Gallbladder**  
Please do not eat or drink 8 hours prior to your exam. Do not chew gum or smoke 8 hours prior to your exam.

**Ultrasound - Pelvic, Renal or Bladder**  
Please empty bladder and finish drinking 24 oz. clear fluid (water, apple juice, tea) one hour prior to exam. Do not empty your bladder until the exam is complete.