

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: \_\_\_\_\_

**For Insurance Precertification Support: P 703.824.3227 F 703.995.4425**

ICD-10 Code \_\_\_\_\_

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

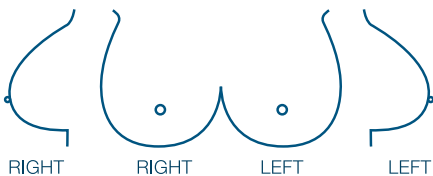
**DIGITAL MAMMOGRAPHY**

- Screening (Asymptomatic)
  - Routine/baseline
  - Family history of Breast CA
  - Diffuse cyclical pain
  - Unchanged since last exam:
    - Fibrocystic densities
    - Breast cysts
  - Other
- 3D Mammogram Tomography
- Breast Sono, as indicated
- Diagnostic (Symptomatic)
  - Palpable Lump
  - Implants
  - Axillary adenopathy
  - Biopsy F/U < 1 year
  - Personal Hx of breast cancer
  - Symptomatic
    - Localized pain
    - Nipple discharge
    - Skin changes
  - Other

**Conditional Orders:**  
 F/U comprehensive mammogram w/breast ultrasound, as indicated

**Conditional Orders:**  
 Stereotactic, Ultrasound Biopsy or Cyst, Aspiration, as indicated

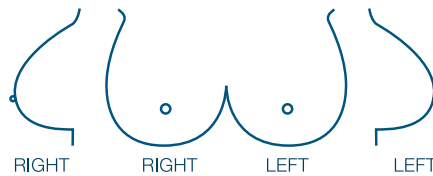
*Prior Breast Surgery?*  
 \_\_\_\_\_



**BREAST BIOPSY & CYST ASPIRATION**

- Ultrasound Guided Biopsy
  - Mammography clip placement as indicated for proper diagnosis  
 \_\_\_\_\_ Right Breast \_\_\_\_\_ Left Breast  
 \_\_\_\_\_ Bilateral
- Stereotactic Biopsy
  - Mammography clip placement as indicated for proper diagnosis  
 \_\_\_\_\_ Right Breast \_\_\_\_\_ Left Breast  
 \_\_\_\_\_ Bilateral
- Cyst Aspiration
  - \_\_\_\_\_ Right Breast \_\_\_\_\_ Left Breast  
 \_\_\_\_\_ Bilateral

*Images or Films and report required (If not performed at AAR)*



**INTERVENTIONAL RADIOLOGY – MINIMALLY INVASIVE PROCEDURES**

- Fallopian Tube Blockage
- Pelvic Congestion Syndrome
- Uterine Fibroids
- Varicose Veins
- Vertebroplasty/Kyphoplasty
- Other \_\_\_\_\_

**ULTRASOUND**

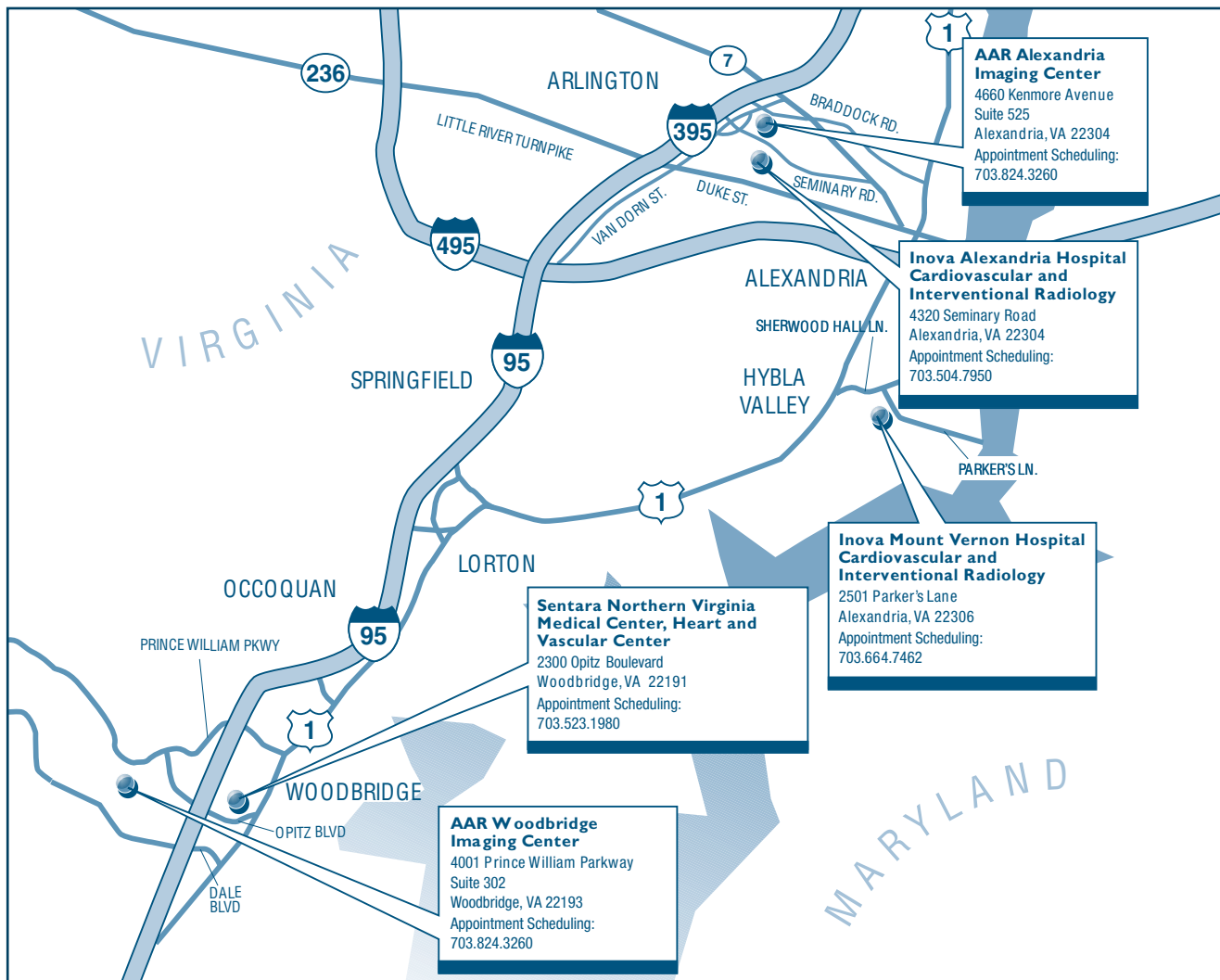
- OB
  - \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd Trimester
  - \_\_\_\_\_ Transvaginal as indicated
- OB Followup
- OB Detail 35 & up
- Nuchal Trans w/PAPP A & Free Beta
- Bio-Physical Profile
- Pelvic - Transabdominal, Transvaginal Doppler, as indicated
- Transvaginal
- Abdominal
- Bladder
- Renal
- MSK Foot
- Thyroid
- Carotid Doppler
- Venous Doppler of: \_\_\_\_\_
- Renal Arterial Doppler
- Hysterosonogram - Saline Infusion Menopausal YES \_\_\_\_\_ NO \_\_\_\_\_
- Breast  
 \_\_\_\_\_ Right Breast \_\_\_\_\_ Left Breast

**BONE DENSITY-DEXA**

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

**FLUOROSCOPY (WIC ONLY)**

- HSG
- Essure™ HSG



**WOMEN'S IMAGING EXAMS**

AAR offers a few ways to schedule your appointment at our Alexandria and Woodbridge Imaging Centers:

- Please call 703.824.3260 to speak with our scheduling team.
- Please request to schedule an appointment online at [www.alexandriaradiology.com](http://www.alexandriaradiology.com), and we will respond within 24 hours with your appointment time and day.
- Please fax this form to 703.995.4425 along with your daytime phone number or cell phone number and we will call you to schedule your appointment within 24 hours.

**INTERVENTIONAL RADIOLOGY CONSULTATION**

To schedule a consultation or appointment with our Interventional Radiologists, please call your preferred hospital directly at the following telephone numbers:

- **Inova Alexandria Hospital**  
703.504.7950
- **Inova Mount Vernon Hospital**  
703.664.7462

- **Sentara Northern Virginia Medical Center, Heart and Vascular Center**  
703.523.1980
- **Advanced Interventional Vein and Vascular Center**  
703.824.3228

**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.**

**Abdominal, Aortic or Gallbladder Ultrasound**

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

**Renal, Bladder or Obstetrical Ultrasound**

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.

**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.

**IMPORTANT PATIENT INFORMATION FOR YOUR APPOINTMENT**

1. 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.
2. On the day of your appointment, be sure to bring:
  - This form (it is your doctor's order)
  - Your insurance card
  - Your copy
  - All previous mammography studies
  - All other previous studies and reports related to your condition
  - Any appointment forms you have completed

Visit [www.alexandriaradiology.com](http://www.alexandriaradiology.com) for exam information, directions and registration forms.