

Sample Order Form

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Sample Order Form

Front:



Download this form at: www.washingtonradiology.com/physician-resources/referral-pads



Schedule a Mammogram Online
WashingtonRadiology.com

BRING THIS FORM TO YOUR APPOINTMENT

PATIENT INFORMATION

Patient Name _____ DOB _____ Patient Phone Number _____

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="checkbox"/> Joint Injection | <input type="checkbox"/> BPP; Doppler _____ weeks | |
| <input type="checkbox"/> Liver Elastography | <input type="checkbox"/> Nerve Injection | <input type="checkbox"/> OB/NT (11 weeks 1 day-13 weeks | <input type="checkbox"/> Testicular w/Doppler |
| <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Aspiration | <input type="checkbox"/> 6 days) PRN TV, Doppler | <input type="checkbox"/> Sonohysterogram (SHG) |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Pelvic Transabdominal only | <input type="checkbox"/> With blood draw | <input type="checkbox"/> Thyroid <input type="checkbox"/> FNA |
| <input type="checkbox"/> Infant Ultrasound: _____
(Bel Air and Hagerstown Only) | <input type="checkbox"/> Pelvic including Transvaginal
and Doppler PRN | <input type="checkbox"/> Without blood draw | <input type="checkbox"/> Lymph Node Map of Neck |
| | | <input type="checkbox"/> Carotid Doppler | <input type="checkbox"/> Aorta (AAA) |
| | | <input type="checkbox"/> Renal Arterial Doppler | <input type="checkbox"/> Renal |

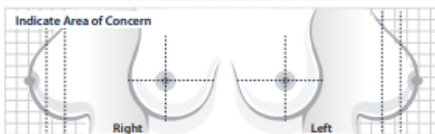
BREAST STUDIES 2D/3D

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

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="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> IAC | <input type="checkbox"/> Chest | <input type="checkbox"/> Joint/Extremity: _____ | |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Breast <input type="checkbox"/> Biopsy <input type="checkbox"/> Implants | | |

CT*

CT CONTRAST:

☐ W ☐ W/O ☐ W & W/O ☐ As Needed

ICD-10 CODE

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

GENERAL X-RAY

ICD-10 CODE

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

FLUOROSCOPY

ICD-10 CODE

- | |
|---|
| <input type="checkbox"/> Spine |
| <input type="checkbox"/> C C T L |
| <input type="checkbox"/> Extremity: _____ |
| <input type="checkbox"/> Other: _____ |

BIOPSY (NON-BREAST)

ICD-10 CODE

- | |
|---|
| <input type="checkbox"/> Esophagus |
| <input type="checkbox"/> Upper GI |
| <input type="checkbox"/> Small Bowel |
| <input type="checkbox"/> Hysterosalpingogram
(HSG) |
| <input type="checkbox"/> Other: _____ |

BONE DENSITOMETRY

ICD-10 CODE

- | |
|--|
| <input type="checkbox"/> Specify Site: _____ |
| <input type="checkbox"/> DEXA Scan |
| <input type="checkbox"/> With VFA PRN |

PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature _____ Date _____ Time _____

Back:

WASHINGTON RADIOLOGY

TO SCHEDULE AT THESE LOCATIONS, CALL 703-280-9800

LOCATIONS

	MRI	FAST Breast MRI	CT	CT - Virtual Colonoscopy	Ultrasound - General	Ultrasound - Liver Elastography	2D & 3D Screening Mammography	2D & 3D Diagnostic Mammography	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 P: 202-223-9722 F: 202-659-2819	3T 1.5T	•	•	•	•	•	•	•	•	•	•	•	•	•
Bethesda, MD 10215 Fernwood Road, Suite 103, Bethesda, MD 20817 P: 301-564-1053 F: 301-493-8522					•	•	•			•			•	•
Chevy Chase, MD 4445 Willard Avenue, Suite 200, Chevy Chase, MD 20815 P: 301-654-4242 F: 301-907-7414	1.5T	•	•		•	•	•	•	•	•			•	•
Germantown, MD 20410 Observation Dr., Suite 203, Germantown, MD 20876 P: 301-298-1426 F: 301-298-1428						•	•	•	•				•	
Potomac, MD 12505 Park Potomac Avenue, Suite 120, Potomac, MD 20854 P: 240-223-4700 F: 240-223-4701	3T	•				•	•	•	•				•	
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	1.5T	•			•	•	•	•	•	•			•	•
Sterling, VA 21351 Ridgetop Circle, Suites 100, 150, Sterling, VA 20166 P: 571-434-0140 F: 571-434-0144			•	•	•	•	•	•	•	•			•	•

TO SCHEDULE AT THE LOCATIONS BELOW, CALL THE INDIVIDUAL CENTER

Washington, DC Foxhall 3301 New Mexico Avenue, Suite 132, Washington, DC 20016 P: 202-966-0606 F: 202-244-6757	3T													
Bel Air, MD Colonnade 100 Fulford Avenue, Bel Air, MD 21014 P: 410-838-6767 F: 410-838-7895	3T		•	•	•		•	•				•	•	•
Berlin, MD 314 Franklin Avenue, Suite 406, Berlin, MD 21811 P: 410-641-9560 F: 410-641-4662	1.5T													
Bethesda, MD 10215 Fernwood Road, Suite 40, Bethesda, MD 20817 P: 240-673-1500 F: 240-673-1501	3T	•												
Germantown, MD 20410 Observation Drive, Suite 106, Germantown, MD 20876 P: 240-397-6674 F: 240-397-6676	3T	•												•
Greenbelt, MD 7701 Greenbelt Road, Suite 102, Greenbelt, MD 20770 P: 301-464-6400 F: 301-464-6404	3T													
Hagerstown, MD Trilogy II 1185 Imperial Drive, Suite 100, Hagerstown, MD 21740 P: 301-733-1477 F: 301-733-7758	3T 1.2T OPEN	•		•						•	•			•
Olney, MD 3300 Olney-Sandy Spring Road, Suite 100, Olney, MD 20832 P: 301-260-2971 F: 301-260-7971	3T													
Salisbury, MD 1820 Sweetbay Drive, Suite 102, Salisbury, MD 21804 P: 410-546-3390 F: 410-546-6136	3T	•												

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