

# Sample Order Form

Last Modified on 01/09/2026 1:30 pm EST



## Sample Order Form

This form may be used to order studies from either Washington Radiology or Solis Mammography. See locations on back.

Download this form at: [www.washingtonradiology.com/physician-resources/referral-pads](http://www.washingtonradiology.com/physician-resources/referral-pads)



Schedule a Screening Mammogram Online  
or Scan the QR Code



[www.WashingtonRadiology.com](http://www.WashingtonRadiology.com)



[www.SolisMammo.com](http://www.SolisMammo.com)

### PATIENT INFORMATION

### BRING THIS FORM TO YOUR APPOINTMENT

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

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

### 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 Enterography       | <input type="checkbox"/> Musculoskeletal: _____ |
| <input type="checkbox"/> Temporal Bone                                  | <input type="checkbox"/> Lung Screening CT      | <input type="checkbox"/> CT Urogram            | <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"/> Abdomen                | <input type="checkbox"/> CT Angiography: _____ |   |
| <input type="checkbox"/> Neck   | <input type="checkbox"/> Pelvis                 | <input type="checkbox"/> With 3D Rendering     |   |
| <input type="checkbox"/> Cardiac Calcium Scoring                        | <input type="checkbox"/> Renal (stone protocol) |  |   |

\* Multiplanar Reconstruction performed as needed/requested

### GENERAL X-RAY

### ICD-10 CODE

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="checkbox"/> Head    | <input type="checkbox"/> Extremity: _____ | <input type="checkbox"/> Scoliosis (Bel Air Only)       |
| <input type="checkbox"/> Skull   | <input type="checkbox"/> Right            | <input type="checkbox"/> Skeletal Survey (Bel Air Only) |
| <input type="checkbox"/> Orbits  | <input type="checkbox"/> Left             |   |
| <input type="checkbox"/> Sinuses | <input type="checkbox"/> Bilateral        |   |

### BIOPSY (NON-BREAST)

### ICD-10 CODE

- ☐ Specify Site: \_\_\_\_\_

- ☐ Chest  
☐ PA only  
☐ PA & LAT  
☐ Spine  
☐ Cervical  
☐ Thoracic  
☐ Lumbar

- ☐ Hips  
☐ Right  
☐ Left  
☐ Bilateral  
☐ Abdomen - Flat/Erect  
☐ KUB  
☐ Ribs

- ☐ Bone Age  
 (Bel Air, Germantown, and  
 Hagerstown Only)  
☐ Other: \_\_\_\_\_

**BONE DENSITOMETRY**

ICD-10 CODE \_\_\_\_\_

- ☐ DEXA Scan  
☐ With VFA PRN

**PHYSICIAN SIGNATURE**

Stamped signatures are not allowed

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

# WASHINGTON RADIOLOGY

	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	Bone Density	X-Ray
<b>DISTRICT OF COLUMBIA</b>													
<b>Washington, DC – Solis Mammography Screening Center</b> 1145 19th Street NW, Suite 101, Washington, DC 20036 Schedule: 202-375-2291   F: 202-657-0024							•						
<b>Washington, DC – Multimodality Imaging Center</b> 1145 19th Street NW, Suite 200, Washington, DC 20036 Schedule: 202-223-9722   F: 202-659-2819	3T 3T	•	•	•	•	•		•	•	•	•	•	•
<b>Washington, DC Foxhall</b> 3301 New Mexico Avenue, Suite 132, Washington, DC 20016 Schedule: 202-966-0606   F: 202-244-6757	3T												
<b>MARYLAND</b>													
<b>Bel Air, MD Colonnade</b> 100 Fulford Avenue, Bel Air, MD 21014 Schedule: 410-838-6767   F: 410-838-7895	3T		•	•	•		•	•	•			•	•
<b>Berlin, MD</b> 314 Franklin Avenue, Suite 406, Berlin, MD 21811 Schedule: 410-641-9560   F: 410-641-4662	1.5T												
<b>Bethesda, MD</b> 10215 Fernwood Road, Suite 103, Bethesda, MD 20817 Schedule: 703-280-9800   P: 301-564-1053   F: 301-493-8522					•	•	•				•	•	•
<b>Bethesda, MD</b> 10215 Fernwood Road, Suite 40, Bethesda, MD 20817 Schedule: 240-673-1500   F: 240-673-1501	3T		•										
<b>Chevy Chase, MD</b> 4445 Willard Avenue, Suite 200, Chevy Chase, MD 20815 Schedule: 703-280-9800   P: 301-654-4242   F: 301-907-7414	1.5T	•	•		•	•	•	•	•	•	•	•	•
<b>Germantown, MD</b> 20410 Observation Drive, Suite 203, Germantown, MD 20876 Schedule: 703-280-9800   P: 301-298-1426   F: 301-298-1428							•	•	•	•		•	
<b>Germantown, MD</b> 20410 Observation Drive, Suite 106, Germantown, MD 20876 Schedule: 240-397-6674   F: 240-397-6676	3T		•										•
<b>Greenbelt, MD</b> 7701 Greenbelt Road, Suite 102, Greenbelt, MD 20770 Schedule: 301-464-6400   F: 301-464-6404	3T												
<b>Hagerstown, MD Trilogy II</b> 1185 Imperial Drive, Suite 100, Hagerstown, MD 21740 Schedule: 301-733-1477   F: 301-733-7758	3T 1.2T OPEN		•		•					•	•		•
<b>Olney, MD</b> 3300 Olney-Sandy Spring Road, Suite 100, Olney, MD 20832 Schedule: 301-260-2971   F: 301-260-7971	3T												
<b>Potomac, MD</b> 12505 Park Potomac Avenue, Suite 120, Potomac, MD 20854 Schedule: 703-280-9800   P: 240-223-4700   F: 240-223-4701	3T	•					•	•	•	•		•	
<b>Salisbury, MD</b> 1820 Sweetbay Drive, Suite 102, Salisbury, MD 21804 Schedule: 410-546-3390   F: 410-546-6136	3T		•										
<b>VIRGINIA</b>													
<b>Arlington, VA</b> 1005 North Glebe Road, Suite 110, Arlington, VA 22201 Schedule: 703-280-9800   P: 703-280-1410   F: 703-280-4751							•					•	
<b>Fairfax, VA</b> 3022 Williams Drive, Suites 104, 200, 204, Fairfax, VA 22031 Schedule: 703-280-9800   P: 703-698-8800   F: 703-573-2318	3T	•			•	•	•	•	•	•	•	•	•
<b>Sterling, VA</b> 21351 Ridgetop Circle, Suites 100, 150, Sterling, VA 20166 Schedule: 703-280-9800   P: 571-434-0140   F: 571-434-0144			•	•	•	•	•	•	•	•	•	•	•
<b>Winchester, VA – Solis Mammography Screening and Diagnostic Center</b> 1867 Amherst Street, Suite 103, Winchester, VA 22601 Schedule: 540-931-0139   F: 540-931-0142					•		•	•	•	•			•

*Solis Mammography and Washington Radiology belong to the same family of screening and diagnostic imaging centers focused on accelerating patient access to the latest innovations to improve outcomes.*

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EDITED: 01/09/2026

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