

Sample Order Form

Last Modified on 06/16/2025 2:03 pm EDT



Sample Order Form

Front:



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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 | <input type="checkbox"/> Joint Injection | <input type="checkbox"/> BPP, Doppler _____ weeks | |
| (eg: hernia, lump, gallstones) | <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"/> Liver Elastography | <input type="checkbox"/> Aspiration | 6 days) PRN TV, Doppler | <input type="checkbox"/> Sonohysterogram (SHG) |
| <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Pelvic Transabdominal only | <input type="checkbox"/> With blood draw | <input type="checkbox"/> Thyroid <input type="checkbox"/> FNA |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Pelvic including Transvaginal | <input type="checkbox"/> Without blood draw | <input type="checkbox"/> Lymph Node Map of Neck |
| <input type="checkbox"/> Infant Ultrasound | and Doppler PRN | <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"/> 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"/> NeuroQuant™ | <input type="checkbox"/> Spine <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L | <input type="checkbox"/> Pelvis | <input type="checkbox"/> MR Angiography: _____ |
| <input type="checkbox"/> IAC | <input type="checkbox"/> Chest | <input type="checkbox"/> Joint/Extremity: <input type="checkbox"/> L <input type="checkbox"/> R | |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Breast <input type="checkbox"/> Biopsy <input type="checkbox"/> Implants | Specify Site: _____ | <input type="checkbox"/> Other: _____ |

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"/> Sinuses | <input type="checkbox"/> Abdomen/Pelvis | <input type="checkbox"/> Virtual Colonoscopy | <input type="checkbox"/> With 3D Rendering |
| <input type="checkbox"/> Screening <input type="checkbox"/> Full Series | <input type="checkbox"/> CT Enterography | <input type="checkbox"/> CT Angiography: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Abdomen | <input type="checkbox"/> With 3D Rendering | * Multiplanar Reconstruction performed as needed/requested. |
| <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"/> Spine |
| <input type="checkbox"/> PA/Lat Chest | <input type="checkbox"/> Ribs | <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L |
| <input type="checkbox"/> Flat/Erect Abdomen | <input type="checkbox"/> Scoliosis (Bel Air Only) | <input type="checkbox"/> Extremity: _____ |
| <input type="checkbox"/> Head | <input type="checkbox"/> Skeletal Survey (Bel Air Only) | <input type="checkbox"/> Other: _____ |
| <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 _____

- ☐ Esophagram
- ☐ Upper GI
- ☐ Small Bowel
- ☐ Hysterosalpingogram (HSG)
- ☐ Other: _____

BIOPSY (NON-BREAST)

ICD-10 CODE _____

- ☐ Specify Site: _____

BONE DENSITOMETRY

ICD-10 CODE _____

- ☐ DEXA Scan
- ☐ With VFA PRN

PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature _____ Date _____ Time _____

Back:



DISTRICT OF COLUMBIA		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 Schedule: 703-280-9800 P: 202-223-9722 F: 202-659-2819		3T 1.5T	•	•	•	•	•	•	•	•	•	•	•	•	•
Washington, DC Foxhall 3301 New Mexico Avenue, Suite 132, Washington, DC 20016 Schedule: 202-966-0606 F: 202-244-6757		3T													

MARYLAND															
Bel Air, MD Colonnade 100 Fulford Avenue, Bel Air, MD 21014 Schedule: 410-838-6767 F: 410-838-7895		3T		•	•	•		•	•	•			•	•	•
Berlin, MD 314 Franklin Avenue, Suite 406, Berlin, MD 21811 Schedule: 410-641-9560 F: 410-641-4662		1.5T													
Bethesda, MD 10215 Fernwood Road, Suite 103, Bethesda, MD 20817 Schedule: 703-280-9800 P: 301-564-1053 F: 301-493-8522						•	•	•				•		•	•
Bethesda, MD 10215 Fernwood Road, Suite 40, Bethesda, MD 20817 Schedule: 240-673-1500 F: 240-673-1501		3T		•											
Chevy Chase, MD 4445 Willard Avenue, Suite 200, Chevy Chase, MD 20815 Schedule: 703-280-9800 P: 301-654-4242 F: 301-907-7414		1.5T	•	•		•	•	•	•	•	•	•		•	•
Germantown, MD 20410 Observation Dr, Suite 203, Germantown, MD 20876 Schedule: 703-280-9800 P: 301-298-1426 F: 301-298-1428								•	•	•	•			•	
Germantown, MD 20410 Observation Drive, Suite 106, Germantown, MD 20876 Schedule: 240-397-6674 F: 240-397-6676		3T		•											•
Greenbelt, MD 7701 Greenbelt Road, Suite 102, Greenbelt, MD 20770 Schedule: 301-464-6400 F: 301-464-6404		3T													
Hagerstown, MD Trilogy II 1185 Imperial Drive, Suite 100, Hagerstown, MD 21740 Schedule: 301-733-1477 F: 301-733-7758		3T 1.2T OPEN		•		•					•	•			•
Olney, MD 3300 Olney-Sandy Spring Road, Suite 100, Olney, MD 20832 Schedule: 301-260-2971 F: 301-260-7971		3T													
Potomac, MD 12505 Park Potomac Avenue, Suite 120, Potomac, MD 20854 Schedule: 703-280-9800 P: 240-223-4700 F: 240-223-4701		3T	•					•	•	•	•			•	
Salisbury, MD 1820 Sweetbay Drive, Suite 102, Salisbury, MD 21804 Schedule: 410-546-3390 F: 410-546-6136		3T		•											

VIRGINIA															
Arlington, VA 1005 North Glebe Road, Suite 110, Arlington, VA 22201 Schedule: 703-280-9800 P: 703-280-1410 F: 703-280-4751								•						•	
Fairfax, VA 3022 Williams Drive, Suites 104, 200, 204, Fairfax, VA 22031 Schedule: 703-280-9800 P: 703-698-8800 F: 703-573-2318		1.5T	•			•	•	•	•	•	•	•		•	•
Sterling, VA 21351 Ridgeway Circle, Suites 100, 150, Sterling, VA 20166 Schedule: 703-280-9800 P: 571-434-0140 F: 571-434-0144				•	•	•	•	•	•	•	•	•		•	•

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