

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



Schedule a Screening Mammogram Online or Scan the QR Code



www.WashingtonRadiology.com



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="radio"/> C <input type="radio"/> O <input type="radio"/> T <input type="radio"/> O L	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Other: _____
<input type="checkbox"/> IAC	<input type="checkbox"/> Chest	<input type="checkbox"/> Joint/Extremity: <input type="radio"/> R <input type="radio"/> O L	
<input type="checkbox"/> Orbita	<input type="checkbox"/> Breast <input type="radio"/> Biopsy <input type="radio"/> 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="radio"/> Temporal Bone	<input type="checkbox"/> Lung Screening CT	<input type="checkbox"/> CT Urogram	<input type="radio"/> With 3D Rendering
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Abdomen/Pelvis	<input type="checkbox"/> Virtual Colonoscopy	<input type="checkbox"/> Other: _____
<input type="radio"/> Screening <input type="radio"/> Full Series	<input type="checkbox"/> Abdomen	<input type="checkbox"/> CT Angiography: _____	* <i>Multiplanar Reconstruction performed as needed/requested</i>
<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)		

GENERAL X-RAY

ICD-10 CODE

<input type="checkbox"/> Head	<input type="checkbox"/> Extremity: _____	<input type="checkbox"/> Scoliosis (Bel Air Only)	<input type="checkbox"/> ICD-10 CODE _____
<input type="radio"/> Skull	<input type="radio"/> Right		
<input type="radio"/> Orbita	<input type="radio"/> Left	<input type="checkbox"/> Skeletal Survey (Bel Air Only)	<input type="checkbox"/> Specify Site: _____
<input type="radio"/> Sinuses	<input type="checkbox"/> Bilateral		

<input type="checkbox"/> Chest	<input type="checkbox"/> Hips	<input type="checkbox"/> Bone Age (Bel Air, Germantown, and Hagerstown Only)	BONE DENSITOMETRY
<input type="radio"/> PA only	<input type="radio"/> Right	<hr/>	
<input type="radio"/> PA & LAT	<input type="radio"/> Left	<hr/>	
<input type="checkbox"/> Spine	<input type="radio"/> Bilateral	<input type="checkbox"/> Other: _____	ICD-10 CODE _____
<input type="radio"/> Cervical	<input type="checkbox"/> Abdomen - Flat/Erect	<hr/>	
<input type="radio"/> Thoracic	<input type="checkbox"/> KUB	<hr/>	
<input type="radio"/> Lumbar	<input type="checkbox"/> Ribs	<hr/>	

PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature

Date

Time



DISTRICT OF COLUMBIA

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 Drive, 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	3T	•		•	•	•	•	•
Sterling, VA 21351 Ridgetop Circle, Suites 100, 150, Sterling, VA 20166 Schedule: 703-280-9800 P: 571-434-0140 F: 571-434-0144		•	•	•	•	•	•	•
Winchester, VA – Solis Mammography Screening and Diagnostic Center 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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