



Medical Imaging

In partnership with

MWHC Radiologic Associates of Fredericksburg

For scheduling or cancellations, please call **540.741.XRAY (9729)**. Ask about our 0% interest payment plans.

Please fax this form to: 540.741.7679 or Email: MIFschedulers@mwhc.com

Please include insurance cards and contact number.

Same day appointments available pending insurance authorization.

DISCLAIMER/AUTHORIZATION

Medical Imaging of Fredericksburg, Medical Imaging at Lee's Hill, Medical Imaging of North Stafford, MIKG, the Imaging Center for Women, Medical Imaging at Harrison Crossing, and Medical Imaging at Embrey Mill are authorized and have my permission to add or delete any additional imaging procedures required to appropriately diagnose the patient I am referring.



PLEASE PERFORM ISTAT BUN/ CREATININE AS NEEDED

CT SCREENINGS

- Heart Scan Virtual Colonoscopy
- Low Dose CT Lung Cancer Screening Annual
- Low Dose CT Lung Cancer Screening Follow Up- Lung Rad 3, a 6 month follow up was recommended
- Low Dose CT Lung Cancer Screening Follow Up- Lung Rad 4, a 3 month follow up was recommended

For an initial/baseline Low Dose CT Lung Cancer Screening, you must use the LDCT ordering form

CT SCAN

SPECIFY IV CONTRAST

- Yes No At RAD Discretion
- w/ and w/o contrast

- | | |
|--|--|
| <input type="checkbox"/> Sinuses | <input type="checkbox"/> Extremities |
| <input type="checkbox"/> Head | (specify) _____ |
| <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Left <input type="checkbox"/> Right |
| <input type="checkbox"/> Temporal Bone/ Middle Ear | <input type="checkbox"/> Arthrogram |
| <input type="checkbox"/> Chest | <input type="checkbox"/> 3D Recons |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Renal Stone |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> 4D Parathyroid |
| <input type="checkbox"/> Spine | <input type="checkbox"/> Enterography |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Scanogram |
| <input type="checkbox"/> Lumbar | <input type="checkbox"/> Urogram with 3D Imaging |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Facial/Maxillary |

- | | |
|---|--|
| <input type="checkbox"/> CTA Head | <input type="checkbox"/> CTA Abdomen |
| <input type="checkbox"/> CTA Neck | <input type="checkbox"/> CTA Abdomen & Pelvis |
| <input type="checkbox"/> CTA Chest PE | <input type="checkbox"/> CTA Run Off Bilateral |
| <input type="checkbox"/> CTA Aorta for Dissection | (includes abdomen) |
| (CTA Chest & CTA Abdomen) | <input type="checkbox"/> CTA Chest for TAA |
| | (ascending TAA w Gating) |

PET-CT SCAN

- 78814 PET-CT Tumor, limited area
- 78815 PET-CT Tumor, skull base to mid thigh
- 78816 PET-CT Tumor, whole body
- 78608 PET Brain, metabolic evaluation
- 78814 PET-CT Amyloid Brain
- 78815 PET-CT Ga68 Dotate
- 78815 PET-CT PMSA
- Initial Restaging

To schedule a PET-CT Scan, please call: 540-741-4PET or 1-866-MIF-4PET (866-643-4738)

IMAGING CENTER FOR WOMEN

1300 Hospital Dr., Suite 100, Fredericksburg, VA 22401

IMAGING CENTER FOR WOMEN NORTH STAFFORD

125 Woodstream Blvd., Suite 101, Stafford, VA 22556

MEDICAL IMAGING AT LEE'S HILL

10401 Spotsylvania Ave. Suite 101, Fredericksburg, VA 22401

MEDICAL IMAGING OF KING GEORGE

11131 Journal Parkway, King George, VA 22485

Date: _____

Patient Name: _____

Phone No: _____ Date of Birth: _____

History/Diagnosis: _____

Dr. Fax No: _____

Requested by Dr.: _____ Dr. Signature: _____

DIAGNOSTIC (PLAIN FILMS)

No appointment necessary — See reverse side for Walk-in locations

- | | |
|--|---|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Sinuses |
| <input type="checkbox"/> Flat | <input type="checkbox"/> Extremities |
| <input type="checkbox"/> Flat & Erect | <input type="checkbox"/> Shoulder ___L___R |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Humerus ___L___R |
| <input type="checkbox"/> PA & LAT | <input type="checkbox"/> Elbow ___L___R |
| <input type="checkbox"/> PA Only | <input type="checkbox"/> Wrist ___L___R |
| <input type="checkbox"/> Ribs ___L___R | <input type="checkbox"/> Hand ___L___R |
| <input type="checkbox"/> AP Pelvis | <input type="checkbox"/> Femur ___L___R |
| <input type="checkbox"/> Rt. Hip w/ Pelvis | <input type="checkbox"/> Knee ___L___R |
| <input type="checkbox"/> Lt. Hip w/ Pelvis | <input type="checkbox"/> Ankle ___L___R |
| <input type="checkbox"/> Spine | <input type="checkbox"/> Foot ___L___R |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Metastatic Bone Survey |
| <input type="checkbox"/> Lumbar | Appointment Necessary |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Scoliosis Series | |

UROLOGICAL/OB

- IVP HSG
- See CT Scanning for other renal imaging exams

GASTROINTESTINAL TRACT

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Barium Enema | <input type="checkbox"/> Small Bowel |
| <input type="checkbox"/> Esophagram | <input type="checkbox"/> UGI |

ULTRASOUND

- | | |
|---|--|
| <input type="checkbox"/> Abdominal Complete | <input type="checkbox"/> Pelvic w/transvaginal |
| <input type="checkbox"/> Abdominal Limited (_____) | <input type="checkbox"/> Pelvic Transvaginal Only |
| <input type="checkbox"/> Aorta | <input type="checkbox"/> Obstetric |
| <input type="checkbox"/> Appendix | <input type="checkbox"/> Obstetric w/transvaginal |
| <input type="checkbox"/> Infant Spine (6 mo. & under) | <input type="checkbox"/> Obstetric Transvaginal Only |
| <input type="checkbox"/> Infant Hip (6 mo. & under) | <input type="checkbox"/> Clinically established EDD incorporating prior ultrasound: _____/_____/20____ |
| <input type="checkbox"/> Infant Head (6 mo. & under) | <input type="checkbox"/> LMP: ___/___/___ |
| <input type="checkbox"/> Liver Elastography | <input type="checkbox"/> Uncertain LMP |
| <input type="checkbox"/> Neck (Lymph Nodes) | <input type="checkbox"/> Biophysical Profile |
| <input type="checkbox"/> Renal/Bladder | <input type="checkbox"/> Carotid |
| <input type="checkbox"/> Scrotum | <input type="checkbox"/> Venous Doppler: |
| <input type="checkbox"/> Thyroid/Parathyroid | <input type="checkbox"/> Lower <input type="checkbox"/> Upper |
| | <input type="checkbox"/> Left <input type="checkbox"/> Right |
| | <input type="checkbox"/> Bilateral |
| | <input type="checkbox"/> Other _____ |

MEDICAL IMAGING OF FREDERICKSBURG

1201 Sam Pery Blvd. Suite 102, Fredericksburg, VA 22401

MEDICAL IMAGING AT NORTH STAFFORD

125 Woodstream Blvd., Suite 109, Stafford, VA 22556

MEDICAL IMAGING AT HARRISON CROSSING

5501 Plank Road, Suite 110, Fredericksburg, VA 22407

MEDICAL IMAGING AT EMBREY MILL

955 Wonder Road, Suite D, Stafford, VA 22554

MRI APPOINTMENTS: PLEASE ARRIVE 30 MINS EARLY

MRI ABDOMINAL

SPECIFY w/o w/wo At RAD discretion

- MRI MRCP with 3D Imaging
- ATTN: _____ MRI Enterogram

MRI BREAST

- Screening Implant(s)
- Abbreviated Breast Screening - Performed at MINS

MRI PELVIS

SPECIFY w/o w/wo At RAD discretion

- | | |
|--|--|
| <input type="checkbox"/> Bony Pelvis | <input type="checkbox"/> Bladder/Urethra |
| <input type="checkbox"/> Uterine/Ovarian | <input type="checkbox"/> Soft Tissue |
| <input type="checkbox"/> Defecogram | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Prostate | |

MRI NEURO

SPECIFY w/o w/wo At RAD discretion

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Pelvis Plexus |
| ATTN: _____ | <input type="checkbox"/> Brachial Plexus |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Thoracic | ATTN: _____ |
| <input type="checkbox"/> Lumbar | |

MRA

- | | |
|------------------------------------|--------------------------------|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Abdominal | <input type="checkbox"/> Neck |
| | ATTN: _____ |

MRI ORTHO

SPECIFY w/o w/wo At RAD discretion

- Exam _____ Left Right

FOR MIF USE ONLY

- Midline Placement

