

Patient name \_\_\_\_\_ ICD-10 Code/Diagnosis: \_\_\_\_\_

Patient phone \_\_\_\_\_ Patient DOB \_\_\_\_\_

Symptoms/Reason for Exam: \_\_\_\_\_

Circle all that apply:      disc requested      STAT      Need online access to reports/images

☐ Call patient to schedule app't, then fax me confirmation of app't day/time.

## Patients & Offices

### SCHEDULING

Phone: 703-242-2106

Fax: 703-281-4865

**Very important:** To confirm benefits, please provide our Tax ID #74-3065759.

**To schedule:** please have referral slip, insurance card and any clinicals on hand.

## Patients

**Very important:** please bring your referral slip, ID and insurance card to your imaging appointment. We look forward to seeing you soon!

### X-RAY

- ☐ Sinuses
- ☐ Chest
  - ☐ PA only
  - ☐ PA and LAT
- ☐ Ribs                      R      L
- ☐ Abdomen
  - ☐ Flat
  - ☐ Flat and erect
- ☐ AP pelvis
- ☐ Spine
  - ☐ Cervical
  - ☐ Lumbar
  - ☐ Thoracic
- ☐ Extremities
  - ☐ Shoulder                      R      L
  - ☐ Elbow                      R      L
  - ☐ Wrist                      R      L
  - ☐ Hand                      R      L
  - ☐ Hip                      R      L
  - ☐ Knee                      R      L
  - ☐ Ankle                      R      L
  - ☐ Foot                      R      L
- ☐ Other \_\_\_\_\_

### ULTRASOUND

- ☐ Thyroid
- ☐ Upper extremity                      R      L
  - Body part \_\_\_\_\_
- ☐ Abdomen (complete or limited)
- ☐ Retroperitoneal                      R      L
  - (complete or limited)
- ☐ Obstetrical (transvaginal if needed)
  - Trimester: ☐ 1st    ☐ 2<sup>nd</sup>/3rd
- ☐ OB cord doppler
- ☐ Biophysical profile
- ☐ Pelvis (transvaginal if needed)
- ☐ Transvaginal
- ☐ Scrotal (doppler if needed)
- ☐ Lower extremity
  - Body part \_\_\_\_\_
- ☐ Foot: Morton neuroma
- ☐ Other \_\_\_\_\_

#### SCREENING STUDIES

- ☐ AAA
- ☐ IMT: carotid

#### VASCULAR

- ☐ Carotid doppler
- ☐ Arm venous doppler                      R      L      B
- ☐ Leg venous doppler                      R      L      B
- ☐ Leg arterial doppler                      R      L      B

### CT

- ☐ Contrast:
  - ☐ Without    ☐ With    ☐ Without/With
- ☐ Arthrogram
- ☐ Contrast at radiologist discretion
- ☐ 3D Reconstruction

- ☐ Head
- ☐ Facial bones
- ☐ Orbits
- ☐ Paranasal (Landmarx)
- ☐ Soft tissue neck
- ☐ Chest
- ☐ Abdomen
- ☐ Abdomen and pelvis
- ☐ CT urogram
- ☐ Pelvis
- ☐ Spine
  - ☐ Cervical    ☐ Lumbar    ☐ Thoracic
- ☐ Pre-op arthroplasty CT (e.g., Mako)
  - ☐ Head                      R      L
  - ☐ Neck                      R      L
  - ☐ Shoulder                      R      L
  - ☐ Elbow                      R      L
  - ☐ Wrist                      R      L
  - ☐ Hand                      R      L
  - ☐ Hip                      R      L
  - ☐ Knee                      R      L
  - ☐ Ankle                      R      L
  - ☐ Foot                      R      L
- ☐ Other \_\_\_\_\_
- ☐ CT angiography (CTA)

### MRI

- ☐ Contrast:
  - ☐ Without    ☐ Without/With
- ☐ Contrast at radiologist discretion
- ☐ Arthrogram
- ☐ 3D Reconstruction

- ☐ Brain attn: \_\_\_\_\_
- ☐ NeuroQuant
- ☐ IAC
  - ☐ Pituitary
  - ☐ Orbit
- ☐ MR angiogram: \_\_\_\_\_
- ☐ MR neurogram: \_\_\_\_\_
- ☐ TMJ
- ☐ Soft tissue neck
- ☐ Spine
  - ☐ Cervical    ☐ Lumbar    ☐ Thoracic
- ☐ Chest attn: \_\_\_\_\_ (area) R      L
- ☐ Abdomen attn: \_\_\_\_\_ (organ)
- ☐ MRCP
- ☐ Pelvis attn: \_\_\_\_\_ (area) R      L
- ☐ Sacrum/coccyx
- ☐ Shoulder                      R      L
- ☐ Arm attn: \_\_\_\_\_ (area) R      L
- ☐ Elbow                      R      L
- ☐ Wrist                      R      L
- ☐ Hand attn: \_\_\_\_\_ (area) R      L
- ☐ Hip                      R      L
- ☐ Femur/Thigh                      R      L
- ☐ Knee                      R      L
- ☐ Tibia/fibula                      R      L
- ☐ Ankle                      R      L
- ☐ Foot attn: \_\_\_\_\_ (area) R      L
- ☐ Other \_\_\_\_\_

## PHYSICIAN CONTACT INFORMATION

Name (printed) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

☐ Call my cell phone with results: \_\_\_\_\_



## UVA Outpatient Imaging Centreville

(Formerly Novant Health | UVA Health Outpatient Imaging)

6208 Multiplex Drive, Suite 100

Centreville, VA 20121

Center Phone: 703.242.2106 Fax: 703.281.4865

# UVA Outpatient Imaging Centreville

## UVA Outpatient Imaging Centreville

6208 Multiplex Drive, Suite 100, Centreville, VA 20121

<https://www.centrevilleimaging.com>

MRI/MRA/CT/CTA/Ultrasound/X-ray

Phone: 703-242-2106

NPI: 1255399507

Fax: 703-281-4865

Tax ID: 74-3065759

**From I-66 West:** Take exit 53-A to merge onto VA-28. South/Sully Road toward Centreville. Continue on VA-28 South/Centreville Road. Turn left onto Machen Road. Make your first left onto Multiplex Drive. Center will be on your right.

**From I-66 East:** Take Exit 52. Keep right at the fork and merge onto US-29 North. Turn right onto Machen Road. Turn right onto Multiplex Drive. Center will be on your right.

**We look forward to seeing you!**



## PATIENT INSTRUCTIONS: PREPARING FOR YOUR EXAM

Some examinations may require pre-test preparation, such as lab work, fasting or pre-medication prior to arrival. Please listen carefully to your scheduler's instructions so you can have a successful test. We look forward to seeing you on your examination day.

**Appointment date** .....

**Appointment time** ..... ☐ AM ☐ PM

**Location** .....

**For scheduling questions call: 703-242-2106**

### What you will need (for ALL services):

- ☐ Physician's order/prescription form
- ☐ Photo identification
- ☐ Insurance card (if applicable)
- ☐ Current list of medications
- ☐ Implant card (if applicable)

To request an appointment, go to [CentrevilleImaging.com](https://www.centrevilleimaging.com) or scan the QR code with your smartphone.



## Why is UVA Health Imaging the best choice for you? Here are a few highlights!

- Independent Diagnostic Testing Facility (IDTF)- stand-alone center (not affiliated with a hospital) system allows much lower pricing for self-pay and patients on insurance plans (we accept nearly all plans including most Medicare and Medicaid). Please call around and compare us to other imaging facilities and see for yourself!
- Top of the line, gold standard equipment AND renowned board-certified, fellowship trained subspecialist radiologists
- Easy scheduling, pre-authorization and price quotes available for every patient
- Unique Siemens wide open bore 3T MRI for patient comfort and low-dose radiation 64 slice CT Scanner
- Compassionate, helpful staff committed to creating the best, most comfortable experience for you!

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