

# UVA Outpatient Imaging Centreville

(Formerly Novant Health | UVA Health Outpatient Imaging)

<https://www.CentrevilleImaging.com/>

Call 703-242.2016 or fax  
703-281-4865 to schedule  
your appointment.

- Concierge scheduling - Please call my patient to schedule his/her appointment and send me a confirmation fax with patient's phone number and scheduled appointment date and time.

Patient's name \_\_\_\_\_

Patient's phone \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance\* \_\_\_\_\_

Clinical history, symptoms or reason for exam (required) \_\_\_\_\_

\*If calling your insurance company to see if we are in-network, please give them our tax ID number. 743065759

X-RAY	
<input type="checkbox"/> Abdomen	
<input type="checkbox"/> Flat	
<input type="checkbox"/> Flat and erect	
<input type="checkbox"/> Chest	
<input type="checkbox"/> PA only	
<input type="checkbox"/> PA and LAT	
<input type="checkbox"/> Ribs	R L
<input type="checkbox"/> AP pelvis	
<input type="checkbox"/> Sinuses	
<input type="checkbox"/> Spine	
<input type="checkbox"/> Cervical	
<input type="checkbox"/> Lumbar	
<input type="checkbox"/> Thoracic	
<input type="checkbox"/> Extremities	
<input type="checkbox"/> Shoulder	R L
<input type="checkbox"/> Elbow	R L
<input type="checkbox"/> Wrist	R L
<input type="checkbox"/> Hand	R L
<input type="checkbox"/> Hip	R L
<input type="checkbox"/> Knee	R L
<input type="checkbox"/> Ankle	R L
<input type="checkbox"/> Foot	R L
<input type="checkbox"/> Other _____	
<input type="checkbox"/> CD	
<input type="checkbox"/> Report only	
<input type="checkbox"/> STAT	

ULTRASOUND	
<input type="checkbox"/> Pelvis (transvaginal if needed)	
<input type="checkbox"/> Transvaginal	
<input type="checkbox"/> Obstetrical (transvaginal if needed)	
Trimester: <input type="checkbox"/> 1st <input type="checkbox"/> 2 <sup>nd</sup> /3 <sup>rd</sup>	
<input type="checkbox"/> OB cord doppler	
<input type="checkbox"/> Scrotal (doppler if needed)	
<input type="checkbox"/> Thyroid	
<input type="checkbox"/> Abdomen (complete or limited)	
<input type="checkbox"/> Biophysical profile	
<input type="checkbox"/> Foot: Moron neuroma	
<input type="checkbox"/> Retroperitoneal	R L
(complete or limited)	
<input type="checkbox"/> Upper extremity	R L
Body part _____	
<input type="checkbox"/> Lower extremity	
Body part _____	
<input type="checkbox"/> Other _____	

SCREENING STUDIES	
<input type="checkbox"/> AAA	
<input type="checkbox"/> IMT: carotid	

VASCULAR	
<input type="checkbox"/> Carotid doppler	
<input type="checkbox"/> Leg venous doppler	R L B
<input type="checkbox"/> Arm venous doppler	R L B
<input type="checkbox"/> Leg arterial doppler	R L B

CT	
<input type="checkbox"/> Contrast:	
<input type="checkbox"/> Without <input type="checkbox"/> Both <input type="checkbox"/> With	
<input type="checkbox"/> Arthrogram	
<input type="checkbox"/> Contrast at radiologist discretion	

<input type="checkbox"/> Head	
<input type="checkbox"/> Orbits	
<input type="checkbox"/> Paranasal (Landmarx)	
<input type="checkbox"/> Facial bones	
<input type="checkbox"/> Abdomen and pelvis	
<input type="checkbox"/> Abdomen	
<input type="checkbox"/> CT urogram	
<input type="checkbox"/> Pelvis	
<input type="checkbox"/> Chest	
<input type="checkbox"/> Soft tissue neck	
<input type="checkbox"/> Spine	
<input type="checkbox"/> Cervical <input type="checkbox"/> Lumbar <input type="checkbox"/> Thoracic	
<input type="checkbox"/> Mako protocol <input type="checkbox"/> Prophecy ankle	
<input type="checkbox"/> Knee	R L
<input type="checkbox"/> Head	R L
<input type="checkbox"/> Neck	R L
<input type="checkbox"/> Hip	R L
<input type="checkbox"/> Shoulder	R L
<input type="checkbox"/> Elbow	R L
<input type="checkbox"/> Hand	R L
<input type="checkbox"/> Wrist	R L
<input type="checkbox"/> Foot	R L
<input type="checkbox"/> Ankle	R L
<input type="checkbox"/> Other _____	
<input type="checkbox"/> CT angiography (CTA)	

MRI	
<input type="checkbox"/> Contrast:	
<input type="checkbox"/> Without <input type="checkbox"/> Both <input type="checkbox"/> With	
<input type="checkbox"/> Arthrogram	
<input type="checkbox"/> Contrast at radiologist discretion	

<input type="checkbox"/> Brain	
<input type="checkbox"/> NeuroQuant	
<input type="checkbox"/> IAC	
<input type="checkbox"/> MR angiogram	
<input type="checkbox"/> MR neurogram	
<input type="checkbox"/> Prostate	
<input type="checkbox"/> TMJ	
<input type="checkbox"/> Soft tissue neck	
<input type="checkbox"/> Spine	
<input type="checkbox"/> Cervical <input type="checkbox"/> Lumbar <input type="checkbox"/> Thoracic	
<input type="checkbox"/> Sacrum/coccyx	
<input type="checkbox"/> Abdomen attn: _____ (organ)	
<input type="checkbox"/> MRCP	
<input type="checkbox"/> Pelvis attn: _____ (area) R L	
<input type="checkbox"/> Chest attn: _____ (area) R L	
<input type="checkbox"/> Ankle: hindfoot/midfoot R L	
<input type="checkbox"/> Foot attn: _____ (area) R L	
<input type="checkbox"/> Arm attn: _____ (area) R L	
<input type="checkbox"/> Elbow	R L
<input type="checkbox"/> Hand attn: _____ (area) R L	
<input type="checkbox"/> Hip	R L
<input type="checkbox"/> Knee	R L
<input type="checkbox"/> Shoulder	R L
<input type="checkbox"/> Thigh	R L
<input type="checkbox"/> Tibia/fibula	R L
<input type="checkbox"/> Wrist	
<input type="checkbox"/> Other _____	

## PHYSICIAN CONTACT INFORMATION

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

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

Date \_\_\_\_\_

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

## ADVANCED IMAGING

3D reconstruction (list body part)



# UVA Health

6208 Multiplex Drive, Suite 100  
Centreville, VA 20121

Center Phone: 703.825.2244 Fax: 703.281.4865

# UVA Outpatient Imaging Centreville

6208 Multiplex Drive, Suite 100, Centreville, VA 20121

**NHUVAIMaging.com**

Phone: 703-825-2244

NPI: 1255399507

Fax: 703-830-3610

Tax ID: 743065759

**Services:** 3T, wide-bore high field MRI, arthrogram, CT, ultrasound, x-ray

**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 right 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.



## 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](http://CentrevilleImaging.com) or scan the QR code with your smartphone.



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