

Patient Name _____ Routine Stat Date _____

Physician _____ Telephone _____ Fax _____

Signature Required _____ Report Copies to _____

Insurance Precertification/Authorization Number _____ ICD-9 Code _____

AAR Precertification Assistance: Fax Prescription and/or Clinical Notes To 703.995.4425

Additional Clinical Information _____

Office information may be stamped here

MAMMOGRAPHY

Screening Mammogram

Conditional Orders

- F/U Comprehensive mammogram w/breast ultrasound, if indicated (abnormal screening studies only)

Diagnosis Required:

- Asymptomatic
 - Routine/baseline exam
 - Diffuse/cyclical pain
 - Family history of breast cancer
 - Unchanged since last exam:
 - fibrocystic densities
 - breast cysts
- Other _____

Comprehensive Mammogram w/breast ultrasound, if indicated

- Bilateral Unilateral: R L

Conditional Orders

- Biopsy or cyst aspiration, if indicated

Diagnosis Required:

- Axillary adenopathy
- Biopsy f/u < 1 year
- Personal Hx of breast cancer
- Short interval f/u
- Symptomatic
 - Localized pain
 - Nipple discharge
 - New palpable abnormality
 - Skin changes
- Other _____

OTHER BREAST IMAGING

- Breast ultrasound R L Bilat
- Biopsy R L Bilat
- Cyst aspiration R L Bilat

ULTRASOUND

- Abdomen complete
- Renal complete
- Bladder
- Thyroid
- Pelvic – transvaginal, Doppler, as needed
- Sonohysterogram w/transvaginal

CT

- ____ w ____ w/o ____ w & w/o ____ as indicated
- Abdomen/Pelvic
 - Abdomen
 - Pelvic

- Bone Density (DEXA scan)

OB ULTRASOUND

- First Trimester
- Second/Third Trimester, Transvaginal, as needed
- Fetal Biophysical Profile w/Cord Doppler

CVIR CONSULTATION

(See reverse for scheduling instructions)

- Fallopian Tube Blockage
- Ovarian Cyst
- Pelvic Congestion Syndrome
- Uterine Fibroids
- Varicose Veins

- Other _____

SCHEDULING INSTRUCTIONS

WOMEN'S IMAGING EXAMS

To schedule your appointment at the AAR Alexandria or Woodbridge Imaging Centers, call 703.824.3260. Please have this form and your insurance information available. If you prefer, fax this form to 703.995.4425 along with your daytime phone number and we will call you to schedule your appointment.

CVIR CONSULTATION

To schedule your appointment call the Interventional Radiology department at your preferred hospital directly:

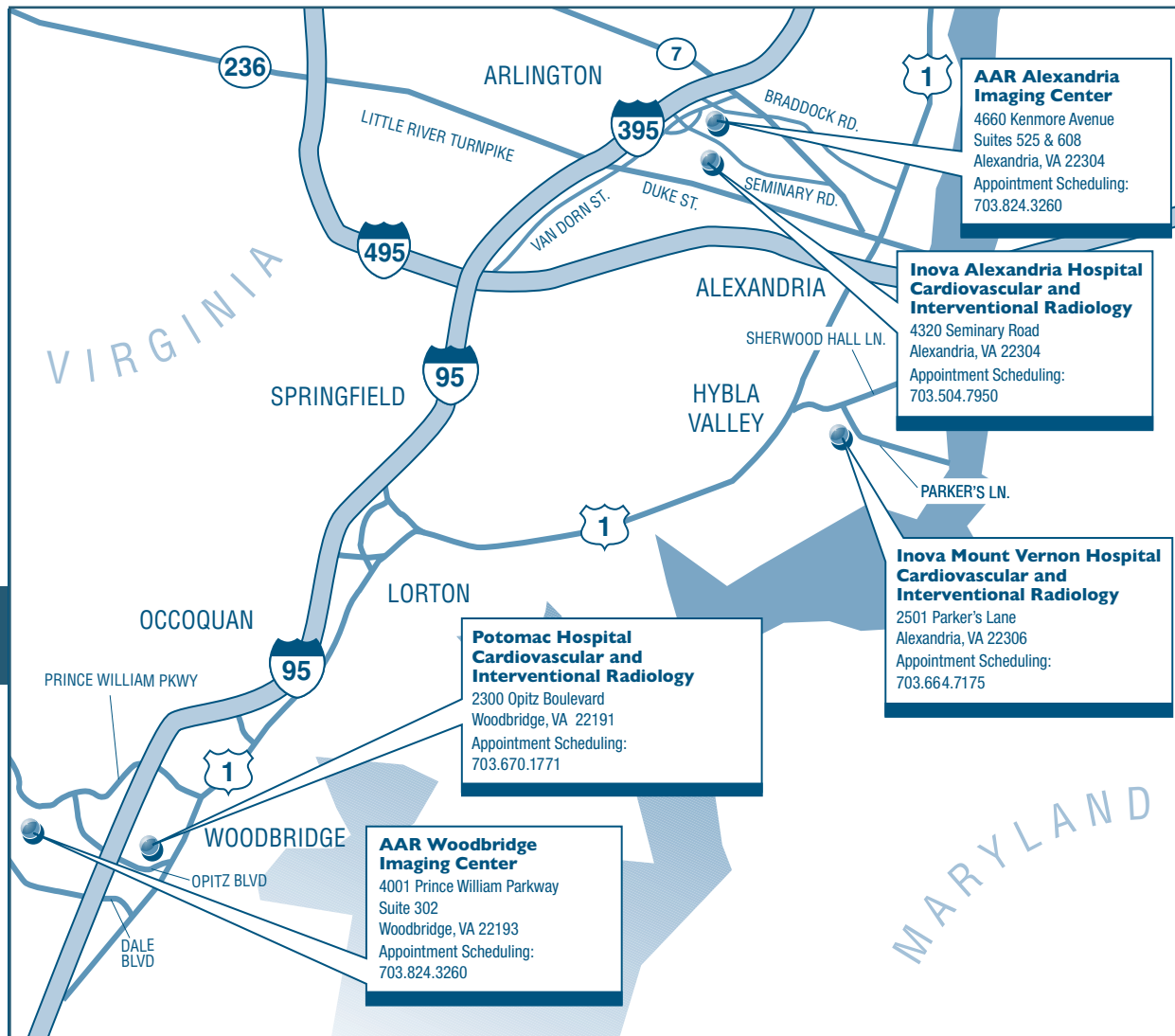
Inova Alexandria Hospital
703.504.7950

Inova Mount Vernon Hospital
703.664.7175

Potomac Hospital
703.670.1771

IMPORTANT PATIENT INFORMATION FOR YOUR APPOINTMENT

1. Children are not permitted to accompany a patient to the examination room and may not be left unattended in the waiting room. Please plan accordingly.
2. **On the day of your appointment, be sure to bring:**
 - This form (it is your doctor's order)
 - Your insurance card
 - Your copay
 - All previous mammography studies
 - All other previous studies and reports related to your condition
 - Any appointment forms you have completed



Visit alexandriaradiology.com for exam information, directions and registration forms.