



Tyson's Corner Diagnostic Imaging

MRI | CT | X-ray | Ultrasound

Tyson'sCornerImaging.com

Formerly Novant Health Imaging- Tyson's Corner. Prior referral forms still accepted.

Patient's name _____

Patient's phone _____ DOB ____/____/____

Insurance* _____

Clinical history, symptoms or reason for exam (required) _____

To schedule an appointment

Call: 703.356.4900

Fax: 703.281.4865

- 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.

*If calling the insurance provider to check network status, please provide tax ID. Tyson's Corner: 452058650

3T MR

- Contrast:
 - Without Both With
- Arthrogram
- Contrast at radiologist discretion

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

CLINICALS

- Clinicals attached for authorization assistance.

CT

- Contrast:
 - Without Both With
- Arthrogram
- Contrast at radiologist discretion

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

ADVANCED IMAGING

- 3D reconstruction (list body part) _____

X-RAY

- Abdomen
 - Flat
 - Flat and erect
 - Chest
 - PA only
 - PA and LAT
- Ribs R L
- AP pelvis
- Sinuses
- 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 _____

- CD
- Report only
- Expedite
- STAT
 - Call my cell phone with results _____

ULTRASOUND

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

SCREENING STUDIES

- AAA
- IMT: carotid

VASCULAR

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

PHYSICIAN CONTACT INFORMATION

Name (printed) _____

Phone _____

Fax _____

Signature (required) _____

Date _____

Patient Instructions: Preparing for your exam

Bring this order with you to your scheduled exam

MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

Do not wear eye makeup or mascara for *any* brain or neck studies. Do not wear any jewelry or hairpins. Wear comfortable clothing.

Let us know if you have:

- Metallic fragments in your eyes or previous injury to the eye involving a metal object
- Any type of implanted mechanical pump
- Any type of surgery within the past 8 weeks
- A history of cancer
- A pacemaker/ defibrillator/ stimulator
- An aneurysm clip
- Any metallic/ electronic implant

Let us know if you are:

- Allergic to CT or MRI contrast
- Claustrophobic
- Pregnant/Nursing
- In need of special assistance

CT (Computed Tomography)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

Oral prep

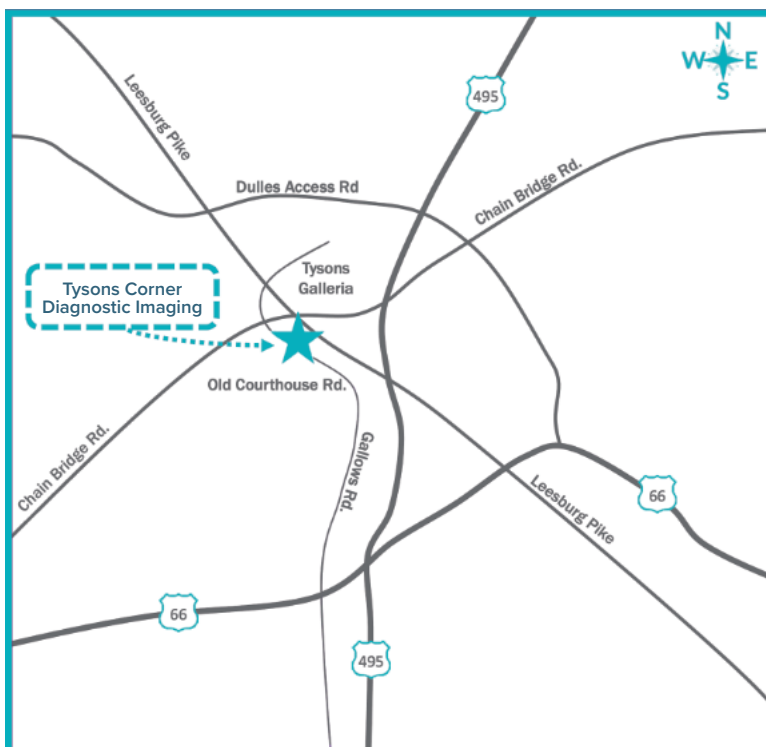
- You may be given Read-Cat, a Barium Sulfate suspension, to drink for your CT Scan.
- This is not a laxative. Its purpose is to enhance your digestive tract so that the radiologist can better visualize your anatomy during your CT Scan.
- If eating prior to exam, please eat only a light meal or snack.
- If you have ever had any reaction to X-ray dye, please call us at 703.356.4900 *prior* to your exam.

Ultrasound

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.



Tysons Corner Diagnostic Imaging
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8320 Old Courthouse Rd., Suite 130
Vienna, VA 22182

Phone: 703.356.4900
Fax: 703.281.4865

NPI: 141791571
Tax ID: 542058650

From I-495: Exit 47-A Tysons Corner Route 7 West. At second light, make a left on Gallows Road. At second light, make a right on Old Courthouse Road. Turn right into the building parking lot, 8320 Old Courthouse Road, Tycon One Building, Suite 130.

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)