Inova™

Adult Diagnostic Imaging Services Order/Referral

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Diagnosis: _____

Clinical Symptoms/History: _____

Clinical Decision Support Codes
G-code (Required for Medicare patients):
Vendor name (only for G1011):
HCPCS Modifier:

For scheduling information see the back or visit www.inova.org/radiology

☐ Stat Reading/Wet Read

Diagnostic – No Appointment Necessary

Chest/Ribs
☐ PA & LAT
☐ PA only
☐ Decubitus ☐ L ☐ R
☐ Ribs ☐ L ☐ R

Skeletal
☐ Fingers - Digit #_____ ☐ L ☐ R
☐ Hand ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Forearm ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Humerus ☐ L ☐ R
☐ Shoulder ☐ L ☐ R
☐ Clavicle ☐ L ☐ R
☐ Toes - Digit #_____ ☐ L ☐ R
☐ Foot ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Tibia/Fibula ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Femur ☐ L ☐ R
☐ Hip ☐ L ☐ R
☐ Bone Age
☐ Scoliosis
☐ Metabolic Bone Survey

Abdomen
☐ KUB ☐ Pelvis
☐ Flat, Erect and PA Chest

Spine
☐ Flex/EXT
☐ Cervical ☐ Thoracic
☐ Lumbar ☐ Sacrum/Coccyx

Other (specify): _____

Examinations Requiring a Scheduled Appointment Time

Ultrasound
☐ Abdominal (☐ w/Doppler, if checked)
☐ Pelvis (☐ w/Doppler, if checked)
☐ Transabdominal
☐ Transabdominal w/Transvaginal
☐ Chest
☐ Renal/Retroperitoneal
☐ Obstetrical (☐ w/TV, if checked) ☐ BPP ☐ w/Nonstress
☐ Nonvascular Upper Extremity ☐ L ☐ R ☐ Bilateral
☐ Nonvascular Lower Extremity ☐ L ☐ R ☐ Bilateral
☐ Scrotal/Testicular (☐ w/Doppler, if checked)
☐ Neck/Soft Tissue (Thyroid) ☐ FNA (Thyroid)
☐ Soft Tissue Abnormality – Location: _____
☐ Hysterosonogram (☐ w/pelvis, if checked)
☐ Other: _____

Ultrasound Guided Fine Needle Aspiration (FNA)
☐ USG FNA Specify Area: _____
☐ USG Biopsy Prostate
☐ USG Lymph Node
☐ FNA Thyroid
☐ Other: _____

Cardiac Ultrasound
☐ Stress Echocardiogram ☐ Echocardiogram (ECHO)
☐ Transesophageal Echocardiogram (TEE)
☐ Other: _____

Vascular Ultrasound
☐ Carotid Doppler ☐ L ☐ R ☐ Bilateral
☐ Transcranial Doppler
☐ Venous Duplex Upper Extremity ☐ L ☐ R ☐ Bilateral
☐ Venous Duplex Lower Extremity ☐ L ☐ R ☐ Bilateral
☐ Venous Insufficiency ☐ L ☐ R ☐ Bilateral
☐ Aortic/IVC/Iliac Duplex
☐ Arterial Segmental Pressures (PVR) ☐ Upper ☐ Lower
☐ Arterial Duplex Upper Extremity ☐ L ☐ R ☐ Bilateral
☐ Arterial Duplex Lower Extremity ☐ L ☐ R ☐ Bilateral
☐ Duplex Abd/Pelvis/Retroperitoneal ☐ Renal Arteries Only
☐ Other _____

Breast Imaging
☐ Screening Mammo w/CAD (3D, comprehensive) (☐ U/S breast, if checked)
☐ Comprehensive (3D, CAD, U/S, if requested)
☐ Unilateral (w/breast U/S, if requested) ☐ L ☐ R
☐ Density Scan/DEXA
☐ Stereotactic Biopsy/Location: _____
☐ USG Breast Cyst Aspiration/Location: _____
☐ USG Biopsy Breast/Location: _____
☐ Breast U/S (☐ w/comp mammo, if checked) ☐ ABUS
☐ Breast MRI: ☐ Bilateral ☐ L ☐ R
☐ Other: _____

Fluoroscopy
☐ Upper GI
☐ Small Bowel/SBFT (if CT or MR Enterography is contraindicated)
☐ Esophagram
☐ VFSS/Modified Barium Swallow
☐ Barium Enema
☐ Hysterosalpingogram
☐ VCUG
☐ Other: _____

Nuclear Medicine
☐ Bone Scan: ☐ 3Phase ☐ SPECT ☐ Whole Body
☐ Sentinel Node: Breast: ☐ L ☐ R Melanoma site:_____
☐ Myocardial Perfusion: ☐ Stress ☐ Pharmacological
☐ Cardiac Amyloidosis (PYP)
☐ MUGA Scan
☐ EKG Treadmill Stress
☐ Gallium Scan _____ ☐ Tumor
☐ Gastric Emptying ☐ Solid ☐ Liquid
☐ Gastric Reflux (Milk Scan)
☐ HIDA Scan ☐ w/CCK
☐ Parathyroid Scan
☐ Thyroid with Uptake ☐ I-131 therapy for hyperthyroid
☐ Nuclear Cystogram
☐ Renal Scan: ☐ Captopril ☐ w/Lasix ☐ DMSA Scan
☐ MIBG
☐ Liver SPECT (Hemangioma Study)
☐ Liver/Spleen
☐ Cisternogram
☐ WBC Labeled Scan (Indium, Ceretec)
☐ VQ Scan ☐ Quantitative
☐ Octreoscan
☐ Other: _____

CT Scan

	Contrast IV	Contrast Oral	Contrast w/wo
☐ 3D ☐ Head/Brain ☐ Sinuses ☐ Temporal Bone ☐ Orbits ☐ Mandible ☐ Facial Bones ☐ Neck/Soft Tissue ☐ Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Myelogram: ☐ Cspine ☐ Tspine ☐ Lspine	☐	☐	☐
☐ Chest ☐ Chest CTA for PE ☐ Chest/Lung cancer screening ☐ Cardiac Calcium Scoring ☐ Coronary CTA ☐ Abdomen ☐ Abdomen/Pelvis ☐ Pelvis –Soft Tissue ☐ Pelvis-Bony ☐ Abdominal Aorta with Run-off ☐ CT Renal Stone Protocol ☐ CT Urogram (no oral contrast needed)	☐	☐	☐
☐ Upper Extremity (Area/Joint): _____ ☐ L ☐ R ☐ Lower Extremity (Area/Joint): _____ ☐ L ☐ R ☐ CTA/Location: _____ ☐ Other: _____	☐	☐	☐

MRI

	Gadolinium w/o	Gadolinium w/wo
☐ Brain: ☐ Pituitary ☐ IAC ☐ Orbits, Face, Head/Neck ☐ TMJ ☐ Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar	☐	☐
☐ Chest ☐ Abdomen ☐ Pelvis ☐ MRCP ☐ MR Enterography ☐ Prostate	☐	☐
☐ MRA: ☐ Intercranial ☐ Neck ☐ Other: _____ ☐ MRV: ☐ Intercranial ☐ Neck ☐ Other: _____	☐	☐
☐ Upper Extremity (Area/Joint) _____ ☐ L ☐ R ☐ Lower Extremity (Area/Joint) _____ ☐ L ☐ R ☐ Arthrogram: ☐ Shoulder ☐ Wrist ☐ Knee ☐ Hip ☐ Neurogram (specify): _____ ☐ Other: _____	☐	☐

Referring Physician (signature): _____ Date: _____ Time: _____

Referring Physician (print name): _____ Physician NPI: _____

Referring Physician: Phone # _____ Fax # _____

To schedule your appointment call or visit:

571.472.5400
inova.org/radiology

Fax: 571.423.5477

For hours of operation please visit us at:
inova.org/our-services/inova-radiology-and-diagnostic-imaging-services

You can now schedule general mammography online in MyChart.

Requested arrival times:

- **Nuclear Medicine or MRI** − arrive **30 minutes** prior to your appointment
- **All other imaging services** − arrive **15 minutes** prior to your appointment

Please bring the following information with you:

- This form signed by your referring physician
- Insurance card
- Photo ID (i.e. license, passport)
- Any imaging and reports (i.e. x-rays, mammograms, MRIs, CT scans, and ultrasounds) from previous exams performed at non-Inova facilities
- Implant card, if applicable

For on-line scheduling, service locations, hours, and driving directions visit:
inova.org/radiology

Abbreviation Key:

Abd – Abdomen
ABUS – Automated Breast Ultrasound
BPP – Biophysical Profile
CAD – Computer Aided Detection
CCK – Cholecystokinin
CT – Computed Tomography
CTA – CT Angiography
DEXA – Dual-energy X-ray Absorptiometry
DMSA – Dimercapto Succinic Acid
EKG – Electrocardiogram
EXT – Extension
Flex – Flexion
FNA – Fine Needle Aspiration
GI – Gastrointestinal
HIDA – Hepatobiliary Iminodiacetic Acid
IAC – Internal Auditory Canal
IV – Intravenous
IVC – Inferior Vena Cava
I-131 – Iodine 131
KUB – Kidneys, Ureters, Bladder
L – Left
LAT – Lateral
Mammo – Mammography
MIBG – Meta-iodobenzylguanidine
MR – Magnetic Resonance
MRA – Magnetic Resonance Angiogram
MRI – Magnetic Resonance Imaging
MRV – Magnetic Resonance Venography
MRCP – Magnetic Resonance Cholangiopancreatography
MUGA – Multiple-Gated Acquisition
NM – Nuclear Medicine
PA – Posterior-Anterior
PE – Pulmonary Embolism
PET – Positron Emission Tomography
PYP – Pyrophosphate
R – Right
SBFT – Small Bowel Follow Through
SPECT – Single Photon Emission Computed Tomography
TMJ – Temporomandibular Joint
TV – Transvaginal
U/S – Ultrasound
USG – Ultrasound Guided
VCUG – Voiding Cystourethrogram
VFSS – Videofluoroscopic Swallowing Study
VQ – Pulmonary Ventilation and Perfusion Scan
WBC – White Blood Cells
w/ – With
w/o – Without
w/wo – With and without

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CAT # 30880 / R092923 ● PADS OF 50