IMAGING REQUEST FORM

PROGRESSIVE RADIOLOGY
Exceptional Service ◆ Every Time

PROGRESSIVE RADIOLOGY WINCHESTER
1867 AMHERST STREET, SUITE 103, WINCHESTER, VA 22601
Phone 540-931-0139 • Fax 540-931-0142

DATE:_______________

❑ **STAT! (CELL NUMBER TO CALL)**__________________ **EXPLAIN:**______________________________

Patient Name______________________________
DOB ________________________ Male or Female
Phone ________________ Cell ______________
Height______________ Weight ______________
Primary Insurance __________________________
Policy Holder______________________________
ID #______________ Group # ______________
Pre-authorization #__________________________

Worker's Comp ______________________________
Adjuster Name ______________________________
Adjuster Phone ______________________________
Date of Injury________________________________

Secondary Insurance __________________________
Policy Holder_________________________________
Pre-authorization #____________________________
ID #______________ Group # ______________

**** Diagnosis / Indications** ____

ULTRASOUND

- ❑ THYROID
- ❑ CAROTID DUPLEX
- ❑ ABDOMEN ❑ Limited ❑ Complete
- ❑ PELVIC ❑ Transabdominal ❑ Transvaginal
- ❑ RENAL/BLADDER
- ❑ VENOUS DOPPLER (L or R)
- ❑ SCROTUM
- ❑ OTHER (specify) ______________________

DIGITAL X-RAY

- ❑ CHEST
- ❑ CERVICAL SPINE
- ❑ THORACIC SPINE
- ❑ LUMBAR SPINE
- ❑ ABDOMEN 1 VIEW
- ❑ PELVIS & HIP (L or R)
- ❑ SHOULDER (L or R)
- ❑ HAND (L or R)
- ❑ WRIST (L or R)
- ❑ KNEE (L or R)
- ❑ ANKLE (L or R)
- ❑ FOOT (L or R)
- ❑ OTHER ______________________________

MAMMOGRAPHY

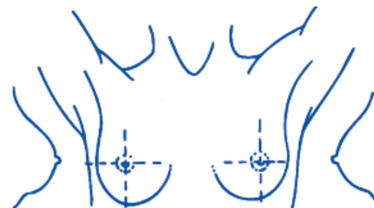
- ❑ Screening Digital Mammogram with 3D Tomosynthesis
- ❑ Screening Digital Mammogram without 3D Tomosynthesis (2D)
- ❑ Diagnostic Digital Mammogram with 3D Tomosynthesis
- ❑ Diagnostic Digital Mammogram without 3D Tomosynthesis (2D)
  If diagnostic: ______ B/L ______ Right ______ Left
- ❑ Breast Ultrasound ______ B/L ______ Right ______ Left

Note: age, patient history and previous findings will dictate appropriate progression of diagnostic studies.

REASON FOR STUDY:

- ❑ Annual exam
- ❑ 6 month follow-up exam
- ❑ Discovery of lump
- ❑ Discharge from nipple
- ❑ Soreness or pain
- ❑ Physician recommendation
- ❑ ____________________

Please indicate the area of concern:



Requested By ______________________________ Phone ______________________

Provider's Signature____

Appointment Date___________________________ Time ______________________

"Exceptional Service Every Time"

PATIENT INSTRUCTIONS

For ultrasound, please plan to arrive 20 minutes prior to your appointment; for X-ray and Mammography, 10 minutes prior.

- **ULTRASOUND**

  Abdomen (a.m. appointment): Nothing to eat or drink after midnight before the exam

  (p.m. appointment): Liquid breakfast allowed; no food or drink before the exam

  Pelvis: Drink 32 oz water 1 hour prior to exam. **Do NOT empty bladder.**

  Renal US and/or Pregnancy US: Drink 16 oz water 1 hour prior to exam. **Do NOT empty bladder.**

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Winchester Medical Center
37
Campus Blvd.
Amherst Street
50
Amherst Street
Meadow Branch Ave.
McDonald's
PROGRESSIVE RADIOLOGY Exceptional Service ◆ Every Time
Westside Station Dr.
Kathy Ct.

Directions:

Take Rt. 37 to the Rt. 50 exit toward Winchester (becomes Amherst St.). Go for approx. 1/4 mile and turn right onto Westside Station Dr.; Progressive Radiology is located in the 1st building on the right (same building as Amherst Family Practice) toward the far left side. Suite #103.