Tysons Corner Diagnostic Imaging
MRI | X-ray
TysonsCornerImaging.com

Patient name _____ ICD-10 Code/Diagnosis: _____

Patient phone _____ Patient DOB: _____

Symptoms/Reason for Exam: _____

_____

Circe all that apply: Disc requested STAT Need online access to reports/images

PHYSICIAN CONTACT INFORMATION

Name (printed) _____

Phone _____ Fax _____

Signature (required) _____ Date _____

- ☐ Call my cell phone with results: _____
- ☐ Call patient to schedule app't, then fax me confirmation of app't day/time.

3T MR

- ☐ Contrast:
  - ☐ Without ☐ With/Without
- ☐ Arthrogram
- ☐ Contrast at radiologist discretion

- ☐ Routine Brain
- ☐ IACs
- ☐ Pituitary
- ☐ Orbits
- ☐ Other: _____
- ☐ MR Angiogram (MRA)
  - ☐ Head
  - ☐ Neck
  - ☐ Chest
  - ☐ Abdomen/Pelvis
- ☐ Other: _____
- ☐ MRV: _____
- ☐ MRI Neurogram: _____
- ☐ TMJ
- ☐ Soft tissue neck
- ☐ Face
- ☐ Skull Base
- ☐ Trigeminal Neuralgia
- ☐ Sinuses
- ☐ Other
- ☐ Cervical/Thoracic/Lumbar
- ☐ Lumosacral plexus
- ☐ Abdomen
- ☐ MRCP

Pelvis
- ☐ Bony Pelvis
- ☐ Female Pelvis
- ☐ Sports Hernia
- ☐ Sacrum/Coccyx
- ☐ Other: _____

Chest
- ☐ Routine
- ☐ Sternum
- ☐ Ribwall
- ☐ Clavical
- ☐ Brachial Plexus
- ☐ Scapula

Upper Extremity
- ☐ Hand R L
- ☐ Wrist R L
- ☐ Forearm R L
- ☐ Elbow R L
- ☐ Humerus R L
- ☐ Shoulder R L

Lower Extremity
- ☐ Hip R L
- ☐ Femur / Thigh R L
- ☐ Knee R L
- ☐ Tibula / Fibula R L
- ☐ Ankle R L
- ☐ Hindfoot/Heel R L
- ☐ Midfoot/Forefoot R L
- ☐ Other: _____

CT

- ☐ Contrast:
  - ☐ Without ☐ With ☐ Without/With
- ☐ Arthrogram
- ☐ Contrast at radiologist discretion
- ☐ 3D Reconstruction: _____

- ☐ Head
- ☐ Facial bones
- ☐ Orbits
- ☐ Sinuses ☐ Pre-op
- ☐ Soft tissue neck
- ☐ Chest
- ☐ Abdomen
- ☐ Abdomen and Pelvis
- ☐ CT Urogram
- ☐ Bony Pelvis
- ☐ Spine
  - ☐ Cervical ☐ Lumbar
  - ☐ Thoracic
- ☐ CT Angiography (write body part): _____

Upper Extremity
- ☐ Hand R L
- ☐ Finger R L
- ☐ Wrist R L
- ☐ Forearm R L
- ☐ Elbow R L
- ☐ Humerus R L
- ☐ Shoulder R L Pre-Op? ☐

Pre-op: _____

Lower Extremity
- ☐ Hip R L Pre-Op? ☐
- ☐ Femur / Thigh R L
- ☐ Knee R L Pre-Op? ☐
- ☐ Tibula / Fibula R L
- ☐ Ankle R L
- ☐ Foot R L
- ☐ Other _____

Pre-op: _____

X-RAY

- ☐ Chest
- ☐ Ribs
- ☐ Abdomen
- ☐ Head
- ☐ Spine
  - ☐ Cervical ☐ Lumbar
  - ☐ Thoracic

Upper Extremity | For additional views, please list below.
- ☐ Hand R L
- ☐ Finger R L
- ☐ Wrist R L
- ☐ Forearm R L
- ☐ Elbow R L
- ☐ Humerus R L
- ☐ Shoulder R L

Additional views: _____

Lower Extremity | For additional views, please list below.
- ☐ Hip R L
- ☐ Femur / Thigh R L
- ☐ Knee R L
- ☐ Tibula / Fibula R L
- ☐ Ankle R L
- ☐ Foot R L
- ☐ Other _____

Additional views: _____

CLINICALS
- ☐ Clinicals attached for authorization assistance.

- ☐ STAT
  - ☐ Call my cell phone with results _____

Patients & Offices

SCHEDULING

Phone: 703-356-4900
Fax: 703-281-4865

Very important: To confirm benefits, please provide our Tax ID #54-2058650.

To schedule: please have referral slip, insurance card and any clinicals on hand.

Patients

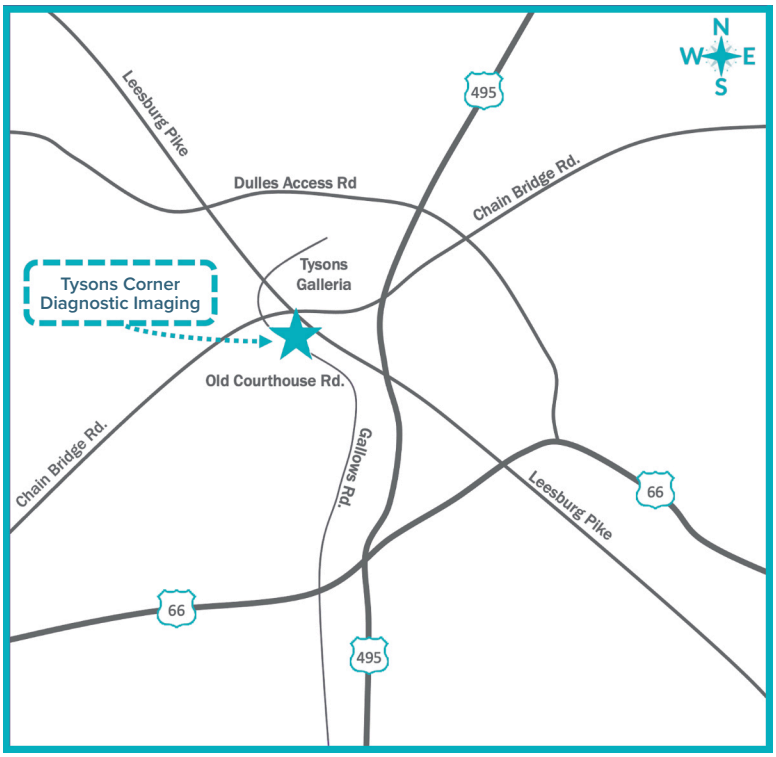
Very important: please bring your referral slip, ID and insurance card to your imaging appointment. We look forward to seeing you soon!

8320 Old Courthouse Rd., Suite 130, Vienna, VA 22182

4.2025

Patient Instructions: Preparing for your exam
Bring this order with you to your scheduled exam

Tysons Corner Diagnostic Imaging
TysonsCornerImaging.com



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 MRI contrast
- Claustrophobic
- Pregnant/Nursing
- In need of special assistance

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

Phone: 703.356.4900 NPI: 141791571
Fax: 703.281.4865 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.

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.

What you will need (for ALL services):

- ☐ Physician's order/ prescription form
- ☐ Photo identification
- ☐ Insurancecard (if applicable)
- ☐ Current list of medications
- ☐ Implant card (if applicable)

Appointment date: _____

Appointment time: _____ ☐ AM ☐ PM

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 Readi-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.