



Imaging Center for Women

In partnership with
Radiologic Associates of Fredericksburg

CDS Information (required for all MRI, CT, and PET Studies)

Session ID _____ Score _____ Vendor/G-Code _____ Adherence Modifier _____



For scheduling or cancellations, please call 540-741-XRAY (97 29) or live chat at MIFimaging.com. Ask about our 0% interest payment plans.

Please fax scripts to: 540-741-7679 to ensure proper scheduling.

Please include insurance cards and contact number.

Same day appointments available pending insurance authorization.

***You must bring this form with you to your exam.**

Please mark the location where the exam is to be performed:

MEDICAL IMAGING AT LEE'S HILL

10401 Spotsylvania Ave, Suite 101
Fredericksburg, VA 22408
Phone (540) 741-7720

IMAGING CENTER FOR WOMEN

1300 Hospital Dr, Suite 100
Fredericksburg, VA 22401
Phone (540) 741-3250

MEDICAL IMAGING OF KING GEORGE

11131 Journal Parkway
King George, VA 22485
Phone (540) 709-5178

IMAGING CENTER FOR WOMEN NORTH STAFFORD

125 Woodstream Blvd. Suite 101
Stafford, VA 22556
Phone (540) 657-9729

Date: _____

Patient Name: _____

Date of Birth: _____ Phone No: _____

History/Diagnosis: _____

Dr. Phone #: _____ Dr. Fax #: _____

Requested by Dr. _____ Dr. Signature: _____

DISCLAIMER/AUTHORIZATION

Medical Imaging of Fredericksburg, Medical Imaging at Lee's Hill, Medical Imaging of North Stafford and the Imaging Center for Women are authorized and have my permission to add or delete any additional imaging procedures required to appropriately diagnose the patient I am referring:

ULTRASOUND

- Abdominal Complete
- Abdominal Limited/Single Organ
- Aorta
- Infant Head (6 mo. & under)
- Infant Spine (6 mo. & under)
- Infant Hip (6 mo. & under)
- Musculoskeletal (MSK)
- Neck (Lymph Nodes)
- Renal/Bladder
- Scrotum
- Thyroid/Parathyroid
- Pelvic
- Pelvic w/Transvaginal
- Pelvic Transvaginal Only
- Obstetrical
- Obstetrical w/Transvaginal
- Obstetric Transvaginal Only
- Clinically established EDD incorporating prior ultrasound: ____/____/20____
- LMP: ____/____/____
- Uncertain LMP
- Biophysical Profile
- Duplex/Carotid
- Venous Doppler:
 - Lower
 - Upper
 - Left Right
 - Bilateral
- Other

BREAST IMAGING

- Screening Mammography (asymptomatic)
 - 2D Screening Mammography (asymptomatic)
 - 3D Screening Mammography (asymptomatic)
- Diagnostic Mammography Symptomatic*/Breast Sonography PRN
 - 2D Diagnostic Mammography
 - 3D Diagnostic Mammography
- Breast Sonography/Diagnostic Mammography PRN
- Cyst Aspiration Stereotactic Biopsy
- Ultrasound Guided Biopsy
- MRI Abbreviated Breast Screening - Performed at MINS
- MRI Breast - Performed at MIF and MINS
 - Implants (MIF only)
- MRI Breast Biopsy - Performed at MIF
- Mammo Consult

*Symptomatic = pain, lump or discharge
Requires breast sonography

BONE DENSITOMETRY

- DEXA
Please select all diagnoses that apply
 - Post-Menopausal*
 - Osteoporosis*
 - Osteopenia*
Specify site(s): _____
 - Hyperparathyroidism*
 - Long term steroid use (current) use of hormonal contraceptives*
 - Long term steroid use (current) use of inhaled steroids*
 - Long term steroid use (current) use of systemic steroids*
 - Long term steroid use (current) use of bisphosphonates*
 - Vitamin D deficiency
 - Non-steroid high risk meds

*Diagnosis meets Medicare guidelines, please see reverse side for further information.

