



# Imaging Center for Women

In partnership with  
Radiologic Associates of Fredericksburg



Please mark the location where the exam is to be performed

- IMAGING CENTER FOR WOMEN**  
1300 Hospital Dr., Suite 100, Fredericksburg, VA 22401
- IMAGING CENTER FOR WOMEN AT NORTH STAFFORD**  
125 Woodstream Blvd., Suite 101, Stafford, VA 22556
- MEDICAL IMAGING AT LEE'S HILL**  
10401 Spotsylvania Ave. Suite 101, Fredericksburg, VA 22401
- MEDICAL IMAGING OF KING GEORGE**  
11131 Journal Parkway, King George, VA 22485
- MEDICAL IMAGING OF FREDERICKSBURG**  
1201 Sam Perry Blvd. Suite 102, Fredericksburg, VA 22401
- MEDICAL IMAGING AT NORTH STAFFORD**  
125 Woodstream Blvd., Suite 109, Stafford, VA 22556
- MEDICAL IMAGING AT HARRISON CROSSING**  
5501 Plank Road, Suite 110, Fredericksburg, VA 22407
- MEDICAL IMAGING AT EMBREY MILL**  
955 Wonder Road, Stafford, VA 22554

For scheduling or cancellations, please call 540-741-XRAY(9727). 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 prescription with you to your exam.

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, MIKG, the Imaging Center for Women, Medical Imaging at Harrison Crossing, and Medical Imaging at Embrey Mill are authorized and have my permission to add or delete any additional imaging procedures required to appropriately diagnose the patient I am referring.

### ULTRASOUND

<input type="checkbox"/> Abdominal Complete	<input type="checkbox"/> Obstetrical
<input type="checkbox"/> Abdominal Limited (_____)	<input type="checkbox"/> Obstetrical w/Transvaginal
<input type="checkbox"/> Aorta	<input type="checkbox"/> Obstetric Transvaginal Only
<input type="checkbox"/> Appendix Exam	<input type="checkbox"/> Clinically established EDD incorporating prior ultrasound: _____/_____/20_____
<input type="checkbox"/> Infant Head (6 mo. & under)	<input type="checkbox"/> LMP: ____/____/_____
<input type="checkbox"/> Infant Spine (6 mo. & under)	<input type="checkbox"/> Uncertain LMP
<input type="checkbox"/> Infant Hip (6 mo. & under)	<input type="checkbox"/> Biophysical Profile
<input type="checkbox"/> Neck (Lymph Nodes)	<input type="checkbox"/> Carotid
<input type="checkbox"/> Renal/Bladder	<input type="checkbox"/> Venous Doppler:
<input type="checkbox"/> Scrotum	<input type="checkbox"/> Lower
<input type="checkbox"/> Thyroid/Parathyroid	<input type="checkbox"/> Upper
<input type="checkbox"/> Pelvic w/Transvaginal	<input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Pelvic Transvaginal Only	<input type="checkbox"/> Bilateral
	<input type="checkbox"/> Other _____

### BREAST IMAGING

- Screening Mammography (asymptomatic)
- Diagnostic Mammography  
Symptomatic\*/Breast Sonography PRN  
Symptomatic please specify: (\_\_\_\_\_)
- 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
- 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.



# Bone Mass Measurement (bone density)

## How often is it covered?

Medicare Part B (Medical Insurance) covers this test, which helps to see if you're at risk to broken bones, once every 24 months (more often if medically necessary) for people who meet the criteria below. Medicare only covers this test when it's ordered by a doctor or other qualified provider.

## Who's eligible?

All qualified people with Part B who are at risk for osteoporosis and meet one or more of these conditions:

- A woman whose doctor determines she's estrogen deficient and at risk for osteoporosis, based on her medical history and other finds.
- A person whose X-rays show possible osteoporosis, osteopenia, or vertebral fractures.
- A person taking prednisone or steroid-type drugs or is planning to begin this treatment.
- A person who has been diagnosed with primary hyperparathyroidism.
- A person who is being monitored to see if their osteoporosis drug therapy is working.

Commonly Used DEXA Diagnosis Reasons Using Above Guidelines:

- Post-Menopausal
- Hyperparathyroidism
- Osteoporosis
- Osteopenia\*

\*When using Osteopenia as a diagnosis, you must specify if the patient has one area or multiple areas of osteopenia.

