Spotsylvania Regional Medical Center
HCA Virginia Health System

4600 Spotsylvania Parkway, Fredericksburg, VA 22408
For Scheduling Call: 1-866-841-2355

Date: _____ Patient Name: _____

Phone# _____ Date of Birth: _____ SS#: _____

History/Diagnosis:

_____

Requested by (print): _____

Signature Physician/PA/NP: _____

CT SCAN

SPECIFY IV CONTRAST ☐ Yes ☐ No

☐ Sinuses ☐ C-Spine
☐ Head ☐ T-Spine
☐ Chest ☐ L-Spine
☐ Abd ☐ 3D Recons
☐ Pelvis ☐ Extremities (specify) _____
☐ Renal Stone Screening
☐ Soft Tissue Neck
☐ Temporal Bone/ Middle Ear
☐ CTA Head ☐ CTA Abdomen & Pelvis
☐ CTA Neck ☐ CTA Run Off (includes abdomen)
☐ CTA Chest

CT SCREENINGS

☐ HeartScan

BREAST IMAGING

☐ Screening Mammography (asymptomatic)
☐ Diagnostic Mammography
☐ Breast Sonography ☐ Cyst Aspiration
☐ Core Biopsy ☐ Stereotactic ☐ Ultrasound Guided
☐ MRI Breast
☐ Bilateral
☐ Unilateral ☐ Left ☐ Right
☐ MRI Breast Biopsy
☐ Mammo Consult

INTERVENTIONAL RADIOLOGY

Call (540) 498-4219

ULTRASOUND

☐ Abdominal (includes gallbladder)
☐ OB/Transvag/PRN Biophysical Profile
☐ Aorta
☐ Duplex/Carotid
☐ Urinary Tract Renal/Bladder
☐ Venous Doppler: Lower or Upper extremity (specify) _____
☐ Scrotum
☐ Thyroid/Parathyroid
☐ Pelvic/Transvaginal/PRN
☐ Other _____

■ iSTAT Serum Creatinine

MRI NEURO

SPECIFY ☐ W/O **OR** ☐ W/WO
☐ Brain Attn: _____
☐ Cervical
☐ Thoracic
☐ Lumbar

MRI EXTREM

SPECIFY ☐ W/O **OR** ☐ W/WO
☐ Arthrogram_____ ☐ Right ☐ Left
☐ Exam _____ ☐ Right ☐ Left

MRI ABD

SPECIFY ☐ W/O **OR** ☐ W/WO
ATTN: _____

MRA

☐ Brain
☐ Neck
☐ Abdominal ATTN: _____
☐ Renal Artery with only
☐ Chest

OTHER

Exam_____
Please specify body area and if contrast is desired.

MRI PELVIS

SPECIFY ☐ W/O **OR** ☐ W/WO
☐ Bony Pelvis
☐ Uterine
☐ Ovarian

UROLOGICAL

☐ IVP

See CT Scanning and Ultrasound for other renal imaging exams

GASTROINTESTINAL TRACT

☐ Barium Enema ☐ Small Bowel
☐ Esophagram ☐ UGI

DIAGNOSTIC (PLAIN FILMS)

☐ Abdomen ☐ Spine
☐ Flat ☐ Cervical ☐ Lumbar
☐ Flat & Erect ☐ Thoracic
☐ Chest ☐ Sinuses
☐ PA & LAT ☐ Extremities
☐ PA Only ☐ Hand __L __R
☐ Ribs __L __R ☐ Wrist __L __R
☐ Metastatic ☐ Knee __L __R
Bone Survey ☐ Shoulder __L __R
☐ AP Pelvis ☐ Ankle __L __R
☐ Rt. Hip w/ Pelvis ☐ Foot __L __R
☐ Lt. Hip w/ Pelvis
☐ Other (specify)_____
_____

NUCLEAR MEDICINE

☐ Bone Scan ☐ Whole Body ☐ Three Phase ☐ Limited
☐ Thyroid Scan and Uptake ☐ ParaThyroid ☐ HIDA ☐ Gastric Emptying
☐ Renal Scan ☐ w/ lasix ☐ w/ captopril
☐ Cardiac Stress Test ☐ Exercise ☐ Lexiscan ☐ Dobutamine

Patient Information/Label

Radiology Orders

Fax Number: 1-888-310-4618

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From I-95, take exit 126 (from north) or exit 126-B (from south) to Route 1 south. Follow Route 1 south approximately 1.2 miles to Spotsylvania Parkway. Turn left (east) onto Spotsylvania Parkway and follow approximately ½ mile over the bridge to Spotsylvania Regional Medical Center on the right.

Patient Information/Label