



Formerly Progressive Radiology - Winchester



Schedule by Phone
866-717-2551



Schedule Online
SolisMammo.com/Schedule



Fax Number
866-366-5798

PATIENT INFORMATION

Patient Name _____ DOB _____ Patient Phone Number _____

PHYSICIAN INFORMATION

Physician Name (printed) _____ Physician NPI _____ Date _____
 Physician Phone _____ Physician Fax _____ Practice Name _____

**A DIAGNOSIS CODE MUST BE PROVIDED FOR THIS ORDER TO BE VALID.
 PLEASE PROVIDE THE NECESSARY CODE FOR EACH STUDY ORDERED.**

ULTRASOUND

ICD-10 CODE _____

- | | |
|---|--|
| <input type="radio"/> Abdomen
<input type="radio"/> Limited <input type="radio"/> Complete | <input type="radio"/> Renal/Bladder |
| <input type="radio"/> Aorta Screening (AAA) | <input type="radio"/> Scrotum |
| <input type="radio"/> Aorta Duplex (Doppler) | <input type="radio"/> Thyroid |
| <input type="radio"/> Carotid Duplex | <input type="radio"/> Venous Doppler |
| <input type="radio"/> Pelvic
<input type="radio"/> Transabdominal <input type="radio"/> Transvaginal | <input type="radio"/> Right <input type="radio"/> Left |
| | <input type="radio"/> Other _____ |

DIGITAL X-RAY

ICD-10 CODE _____

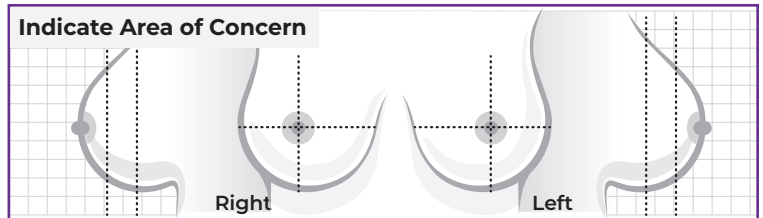
- | | |
|--|--|
| <input type="radio"/> Abdomen <input type="radio"/> 1 View <input type="radio"/> Series | <input type="radio"/> Hand <input type="radio"/> Right <input type="radio"/> Left |
| <input type="radio"/> Chest | <input type="radio"/> Wrist <input type="radio"/> Right <input type="radio"/> Left |
| <input type="radio"/> Pelvis & Hip <input type="radio"/> Right <input type="radio"/> Left | <input type="radio"/> Knee <input type="radio"/> Right <input type="radio"/> Left |
| <input type="radio"/> Pelvis 3 View | <input type="radio"/> Ankle <input type="radio"/> Right <input type="radio"/> Left |
| <input type="radio"/> Shoulder <input type="radio"/> Right <input type="radio"/> Left | <input type="radio"/> Foot <input type="radio"/> Right <input type="radio"/> Left |
| <input type="radio"/> Spine <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar | |
| <input type="radio"/> Other _____ | |

BREAST EXAMINATION REQUEST

ICD-10 CODE _____

ICD-10 CODE R92.2 - inconclusive mammogram will be used for patient recall exams

- Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram
- Diagnostic Mammogram w/ Ultrasound if necessary
- Breast Ultrasound
- Breast Ultrasound for Dense Breasts
- Breast Biopsy w/ post procedure Mammogram if necessary
- Breast MRI (Hagerstown)



PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature _____ Date _____ Time _____

Facility address and directions on reverse side.

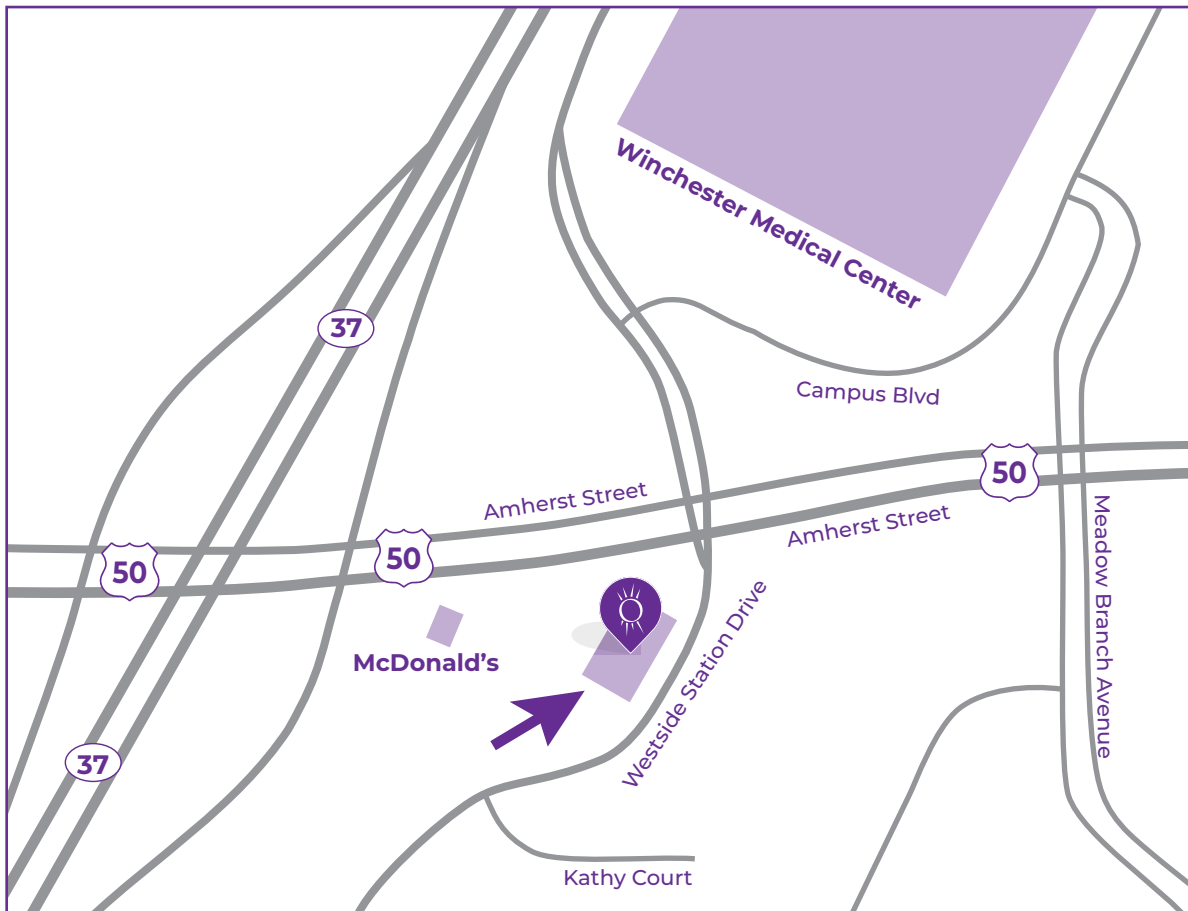


PATIENT INSTRUCTIONS

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

ULTRASOUND INSTRUCTIONS

- **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.**



**1867 Amherst Street, Suite 103
Winchester, VA 22601**

DIRECTIONS:

Take RT 37 to the RT 50 exit toward Winchester (Amherst Street). Drive 1/4 mile, turn right onto Westside Station Drive. The center is in the first building on the right (Amherst Family Practice), far left side, Suite #103.