



Formerly Progressive Radiology - Winchester



Schedule by Phone
540-931-0139



Schedule Online
SolisMammo.com/Schedule



Fax Number
540-931-0142

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 _____

- Abdomen
 - Limited Complete
- Aorta Screening (AAA)
- Aorta Duplex (Doppler)
- Carotid Duplex
- Pelvic
 - Transabdominal Transvaginal
- Renal/Bladder
- Scrotum
- Thyroid
- Venous Doppler
 - Right Left
- Other _____

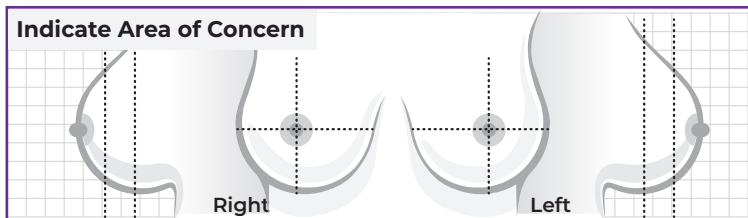
DIGITAL X-RAY ICD-10 CODE _____

- Abdomen 1 View Series
- Chest
- Pelvis & Hip Right Left
- Pelvis 3 View
- Shoulder Right Left
- Spine Cervical Thoracic Lumbar
- Other _____
- Hand Right Left
- Wrist Right Left
- Knee Right Left
- Ankle Right Left
- Foot Right Left

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.

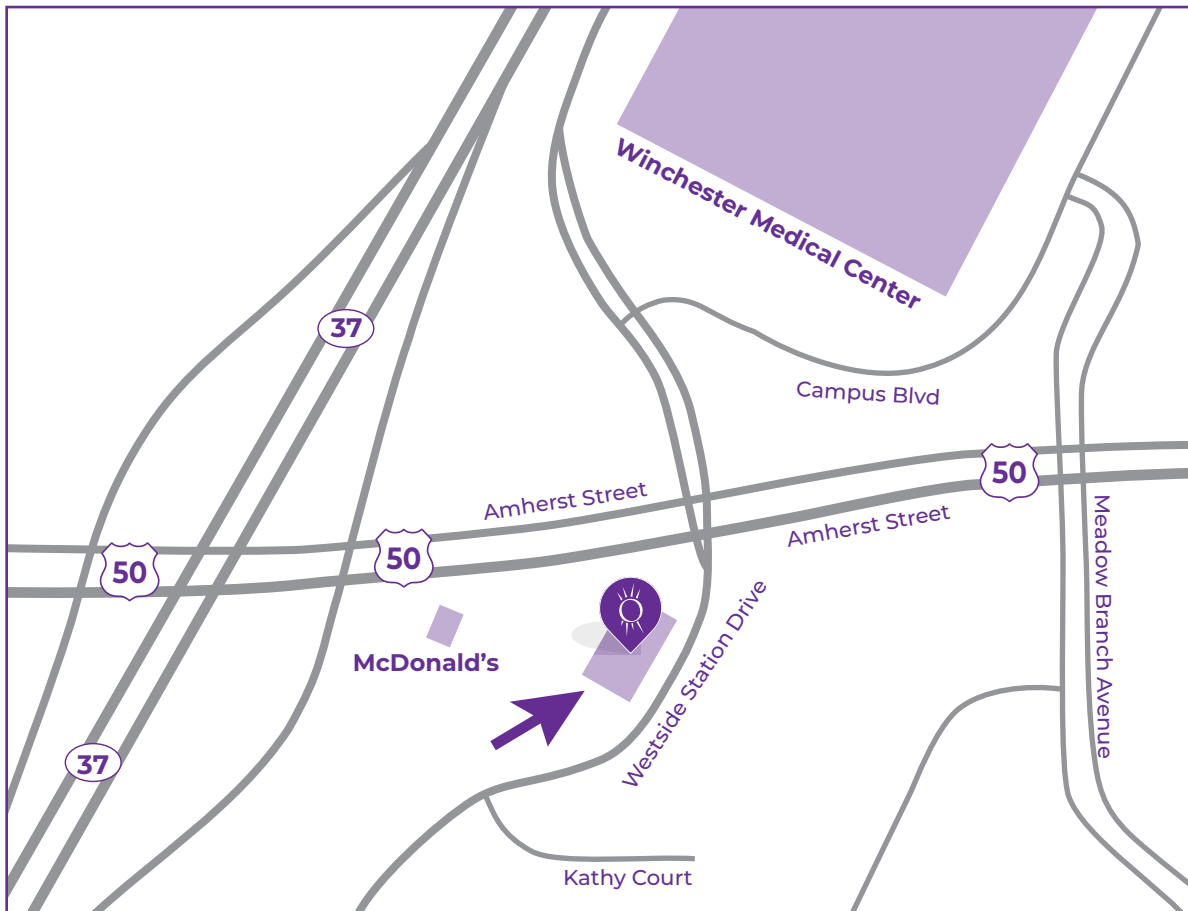


PATIENT INSTRUCTIONS

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.