



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<br><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<br><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 \_\_\_\_\_

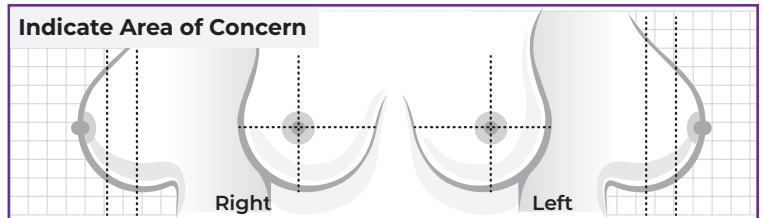
- |  |  |
|--|--|
| <input type="radio"/> Abdomen <input type="radio"/> 1 View <input type="radio"/> Series                                | <input type="radio"/> Hand <input type="radio"/> Right <input type="radio"/> Left  |
| <input type="radio"/> Chest  | <input type="radio"/> Wrist <input type="radio"/> 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.**

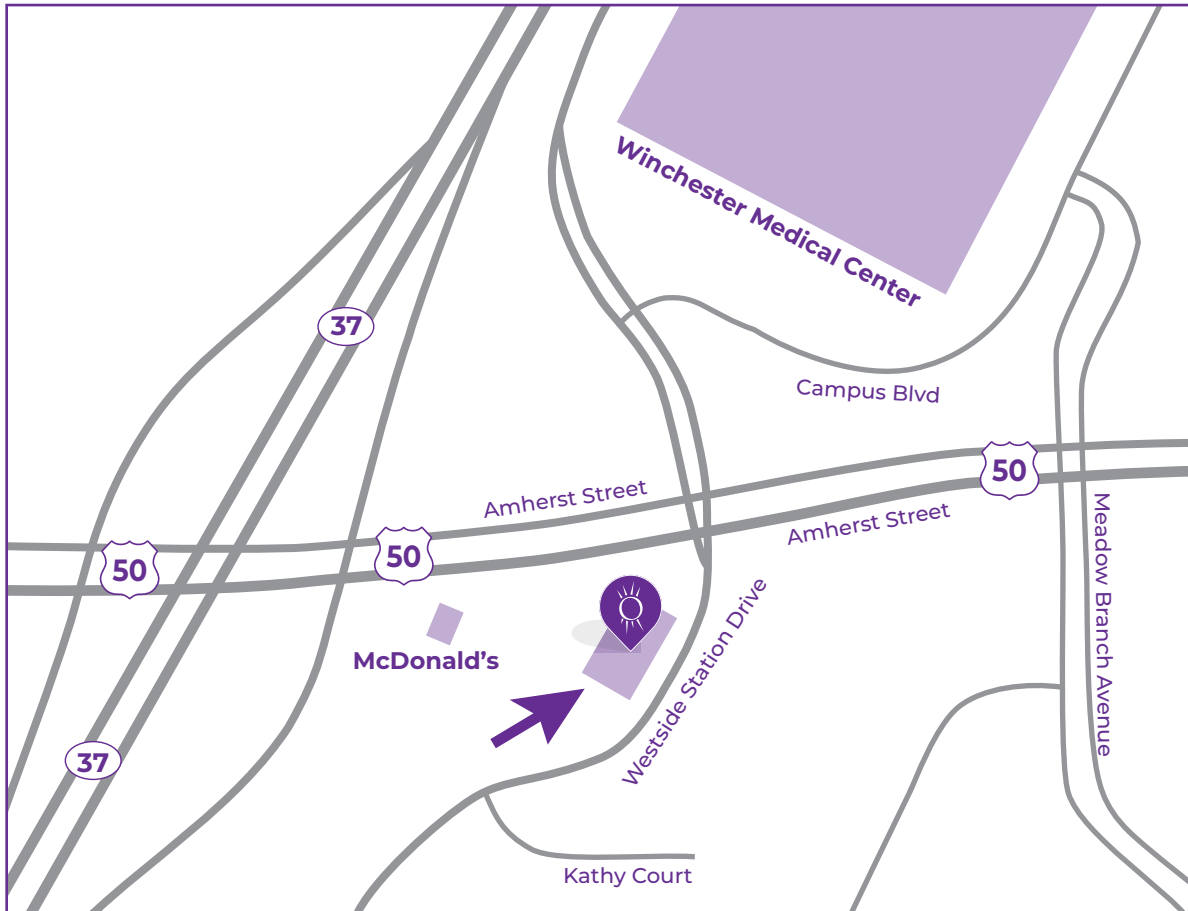


## PATIENT INSTRUCTIONS

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.