



Expert Radiology. Exceptional Care.

TODAY'S DATE

ANCHORAGE FAX 222 - 4651
VALLEY FAX 746 - 4640

REPORTING INSTRUCTIONS

- STAT CALL REPORT TO PH#
STAT FAX REPORT TO FX#
DELIVER CD WITH REPORT
COURIER
PATIENT
SEND ADDITIONAL COPIES OF REPORT TO

PATIENT WILL CALL TO SCHEDULE
IA TO SCHEDULE PATIENT

PATIENT'S LAST NAME, FIRST, M.I., GENDER, MALE, FEMALE
PATIENT'S DATE OF BIRTH, PATIENT'S MOBILE PHONE, PATIENT'S INSURANCE
ORDERING CLINICIAN, SEND ADDITIONAL COPIES OF REPORT TO, CLINICIAN SIGNATURE
CLINICAL INDICATION OR REASON FOR EXAM AND ANY SPECIFIC REQUESTS.

CT

- IV Contrast, No IV Contrast
Contrast at Radiologist Discretion
BUN | Creatinine
Head
Maxillo-Facial/Orbits
Sinus, Stealth Sinus CT
IACs/Temporal Bone/Pituitary
Neck (Soft Tissue)
Chest/Thoracic, PE Chest
Chest/Abdomen/Pelvis
Abdomen, Pelvis, Both
4-Phase Liver
Renal Stone Study
Gout
CT IVP (CT Urogram)
CT Enterography (Small Bowel Eval.)
C-Spine, T-Spine
L-Spine, Myelogram
Extremity
3D Reconstruction
Virtual Colonoscopy
Cardiac Calcium Scoring

VASCULAR

- Intracranial/Circle of Willis
Carotids
Carotids/Circle of Willis
Renal
Mesenteric
Aortogram
Thoracic
Abdominal (incl. Iliac AA)
Lower Extremity Runoff (incl. Aorta)
Lower Extremity Only Runoff
Other

X-RAY

- Chest 2V PA/Lateral
Abdomen, KUB, Flat/Upright
1V KUB performed when not specified
Sitzmark Colon Transit Test
Ribs
Extremity
Sinus Series, Waters Only
Skull
Nasal Bones
Orbits
Pelvis
Hip R, Hip L
Standing Knees AP
Hand Arthritis Series
Other

SPINE

- Cervical, Thoracic, Lumbar
With Flexion and Extension
Scoliosis Series
Obliques

ULTRASOUND

- Abdominal (GB, Liver, Pancreas, Spleen, Renal, Aorta/Retroperitoneum)
Limited ABD-RUQ (Pancreas, GB, Liver, RKID)
Elastography
Renal/Bladder
Bladder with Post Void
Scrotum/Testicular
Hernia (Dynamic)
Inguinal
Abdominal Wall
Soft Tissue
Limited
Other
Thyroid
Carotid
Liver Spectral Doppler
Renal Artery Doppler
Mesenteric Artery
Venous Doppler
Arterial Doppler
ABI w/Toe Pressure
ABI w/Segmentals
Varicose Vein Reflux
Study Only
Sclerotherapy
Vein Mapping
Hemodialysis Access Duplex
Placement Date
Thoracic Outlet Syndrome

ULTRASOUND PROCEDURES

- Thyroid FNA
Paracentesis, Thoracentesis
Core Biopsy, FNA
Clinical Concern for Lymphoma
Other

MRI

- No IV Contrast
With and Without IV Contrast
Contrast at Radiologist Discretion
BUN | Creatinine
(Age 60+ or Prior Renal History)

NEUROLOGIC SPINE

- Brain
Brain - Attention to Orbits
Neuroquant
Functional MRI
Pituitary
Internal Auditory Canal
Cerebrospinal Fluid Flow
Soft Tissue Neck
Brachial Plexus
SPINE SURVEY
Metastatic
Scoliosis
C-Spine, T-Spine, L-Spine
Reason (check one):
Disc, Infection, MS, Mets
History of prior lumbar surgery?
Yes, No
Date Mo | Yr
Sacrum/Coccyx/SI Joints

MSK

Table with columns: R, L, ARTHROGRAM. Rows: Shoulder, Elbow, Wrist, Hand/Fingers, Hip/Pelvis, Femur, Knee, Tib/Fib, Ankle, Foot, Other, Dynawell L-Spine Compression

BODY

- Abdomen
MRCP
Liver
Elastography with Fat Quant / Iron Load / NASH
Renal, Adrenal, Pancreas
Pelvis
Prostate MRI
Defecography
Enterography

VASCULAR

- MRA Head, MRV Head
Carotids
Renal MRA
Aortogram
Thoracic
Abdominal with Runoff
Other

MSK | SPINE INJECTIONS

- Joint Injection
Specify Joint
Joint Aspirations
Specify Joint
Epidural Injections
Central / Interlaminar
Specify Level(s)
Nerve Root Block
Cervical / Thoracic / Lumbar
Specify Nerve Root(s)
Facet Joint Injections
Cervical / Thoracic / Lumbar
Specify Level(s)
Facet Block/Medial Branch Block
Cervical / Thoracic / Lumbar
Specify Levels(s)
Tendon/Bursa Injection
Specify Tendon/Bursa
Arthrogram
Specify Joint

DEXA | QCT BONE DENSITY

- QCT Bone Density (Both Locations)
DEXA Bone Density (Valley Only)
Axial (routine)
Peripheral (as indicated)
Body Mass Index

PET | CT

PET | CT is available at Piper Location Only.
Download the order form at https://imagingak.com/scheduling-forms/
FIND US ONLINE IMAGINGAK.COM REV 04/2020

## PATIENT INSTRUCTIONS

BELOW ARE INSTRUCTIONS TO FOLLOW PRIOR TO YOUR PROCEDURE. PLEASE CALL TO SCHEDULE AND PRE-REGISTER FOR YOUR APPOINTMENT. WE'RE ALSO HAPPY TO ANSWER ANY QUESTIONS YOU MAY HAVE.

### MRI

Patients will be asked to remove all metallic objects i.e. hearing aids, dentures and body piercings. The technologist will provide appropriate garments to wear for the procedure and all personal belongings can be stored in a lockable cabinet.

#### **MRI PREP (ABDOMEN, MRCP)**

NO FOOD OR DRINK FOR 4 HOURS PRIOR TO APPOINTMENT.

**WATER IS THE ONLY EXCEPTION.**

#### **MRI ENTEROGRAPHY**

NO FOOD 4 HOURS PRIOR TO APPOINTMENT.

Please arrive one (1) hour before your appointment time. The technologist will provide the patient with oral contrast to drink at specific times while the patient is in the lobby. This will be monitored by the technologist.

### CT

Your technologist will provide appropriate garments to wear for the procedure and all personal belongings can be stored in a lockable cabinet.

#### **CT W/CONTRAST**

PLEASE DRINK PLENTY OF WATER 24 HOURS PRIOR TO YOUR SCAN. Your study may also require oral contrast which will need to be picked up prior to the appointment.

If you have questions, please contact our office: 222-4624 for Anchorage or 746-4646 for the Valley.

#### **CT ENTEROGRAPHY**

NO FOOD 4 HOURS PRIOR TO APPOINTMENT.

Please arrive one (1) hour before your appointment time. The technologist will provide the patient with oral contrast to drink at specific times while the patient is in the lobby. This will be monitored by the technologist.

#### **CTA**

(ANGIOGRAM-CHEST, ABDOMEN, ABDOMEN/PELVIS, RUNOFFS)

NO FOOD OR DRINK FOR 4 HOURS PRIOR TO

APPOINTMENT. **WATER IS THE ONLY EXCEPTION.**

### PET

Please see supplemental PET Patient Instructions, available at <https://imagingak.com/patient-exam-prep/>

### DEXA BONE DENSITY

NO CALCIUM the day of scan.

### ULTRASOUND

For any Ultrasound study - you should wear comfortable, loose-fitting clothing and you may be asked to change into a robe or gown. Additional exam specific instructions are noted below.

#### **NOTHING BY MOUTH 8 HOURS PRIOR**

(to include water) for the following studies:

- ABDOMEN COMPLETE or LIMITED
- ELASTOGRAPHY (Fibroscan)
- ABDOMINAL AORTA
- LIVER DOPPLER
- MESENTERIC DOPPLER
- RENAL ARTERY DOPPLER
- RENAL TRANSPLANT

#### **RENAL COMPLETE**

Drink 20+ oz. of water 45 minutes prior to appointment. PLEASE DO NOT VOID.

#### **CAROTID/UPPER & LOWER EXTREMITY ARTERIAL**

NO CAFFEINE or other stimulants one (1) hour prior to exam.

### INJECTIONS

#### **EPIDURAL INJECTIONS (LUMBAR AND THORACIC ONLY)**

#### **NERVE ROOT & MEDIAL BRANCH BLOCKS**

If you take blood thinners, you might need to stop taking them for several days before your biopsy to reduce bleeding or bruising risk. Some dietary supplements also have a blood-thinning effect. Ask your doctor what medications and supplements you should avoid before your procedure.

### LOCATIONS

FOR MAPS AND DIRECTIONS VISIT:

[imagingak.com/contact-us](https://imagingak.com/contact-us)

#### **ANCHORAGE**

AT THE CORNER OF PIPER AND PROVIDENCE

**3650 PIPER ST. SUITE A, ANCHORAGE, AK 99508**

**PHONE** 907.222.IMAGE (4624) **FAX** 907.222.4651

#### **VALLEY**

JUST OFF TRUNK RD EXIT ON S. WOODWORTH LOOP

**2280 S. WOODWORTH LOOP, PALMER, AK 99645**

**PHONE** 907.631.IMAGE (4624) **FAX** 907.746.4640