



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 CLINICAL INDICATION OR REASON FOR EXAM AND ANY SPECIFIC REQUESTS. INCLUDE ICD10 CODE(S) IF AVAILABLE.
SEND ADDITIONAL COPIES OF REPORT TO
CLINICIAN SIGNATURE

BREAST IMAGING
Screening Mammogram - Asymptomatic
Diagnostic Mammogram
Right Left
Bilateral If Indicated
Diagnostic Ultrasound
Right Left
Bilateral If Indicated
BREAST MRI
Diagnostic
High Risk Screening
Call to schedule. May require radiologist coordination.
NOTES

PROCEDURES
US Guided Biopsy If Indicated
Stereo/Tomo Biopsy If Indicated
MRI Breast Biopsy
Axillary Lymph Node Biopsy
Core Biopsy FNA
LYMPHOSEEK
Periareolar Peritumoral Both
BREAST | AXILLA LOCALIZATION
Mammo/Tomo US MRI
Wire Seed Charcoal
Type?
NOTES

WOMEN'S IMAGING
PELVIC ULTRASOUND
Pelvic Tranabdominal and Transvaginal
Pelvic Transabdominal Only
Ovarian Spectral Doppler
Hysterosonogram
OB Transvaginal if indicated
OB: LMP EDC
OB Fetal Anatomy (< 14 weeks)
OB Fetal Anatomy (18-24 weeks)
OB BPP
OB Limited (Size and Dates)
FLUOROSCOPY
Hysterosalpingogram (HSG)
NOTES

BREAST CARE COORDINATION
Breast Cancer Risk Counseling/Shared Decision Making/Genetic Testing
Delegate breast diagnostic ordering (Mamm, US, Breast Bx, Breast MRI)
NOTES

LOCATION OF ABNORMALITY
Diagram of breasts with circles indicating areas of interest.
NOTES

DEXA | QCT BONE DENSITY
QCT Bone Density (Both Locations)
DEXA Bone Density (Valley Only)
Axial (routine)
Peripheral (as indicated)
Body Mass Index
NOTES

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.

MAMMOGRAPHY

Please no powder, perfumes or deodorants prior to scan. Your technologist will provide you with a cape and/or robe to wear during your procedure along with a lockable storage unit for your belongings.

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.

OB & PELVIC/TRANSVAGINAL

Drink 32 oz. of water one (1) hour prior to appointment. PLEASE DO NOT VOID.

HYSTEROSONOGRAM/HYSTEROSALPINGOGRAM

Patient needs to arrive with a full bladder, please drink 32 oz. of water one (1) hour prior to appointment. PLEASE DO NOT VOID. Prior to the exam, the patient will be required to take a pregnancy test which will be provided on site. The procedure can only be performed on the 7th to 11th day of a patient's menstrual cycle. Day 1 is the first day of the patient's menstrual flow.

DEXA BONE DENSITY

NO CALCIUM the day of scan.

BREAST BIOPSY PROCEDURES

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.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE OFFICE AT 907.222.4624

LOCATIONS

FOR MAPS AND DIRECTIONS VISIT:
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