IMAGING ASSOCIATES

Expert Radiology. Exceptional Care.

ANCH | E.RIVER FAX 222 - 4651
PALMER FAX 746 - 4640

TODAY'S DATE

REPORTING INSTRUCTIONS

☐ STAT CALL REPORT TO PH# _____

☐ STAT FAX REPORT TO FX# _____

☐ DELIVER CD WITH REPORT ☐ COURIER ☐ PATIENT

☐ PATIENT WILL CALL TO SCHEDULE ☐ IA TO SCHEDULE PATIENT

PATIENT'S LAST NAME	FIRST	M.I.	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				

CT

☐ IV Contrast ☐ No IV Contrast
☐ *Contrast at Radiologist Discretion*

BUN | Creatinine _____
(Age 60 + or Prior Renal History)

☐ Head
☐ Maxillo-Facial ☐ Orbits
☐ Sinus ☐ Stealth Sinus
☐ IACs/Temporal Bone
☐ Neck (Soft Tissue)
☐ Chest ☐ PE Chest
☐ Chest/Abdomen/Pelvis
☐ Abdomen ☐ Pelvis ☐ Both
☐ Multiphase Liver
☐ Renal Stone Study
☐ CT IVP (CT Urogram)
☐ CT Enterography (Small Bowel Eval.)
☐ C-Spine ☐ T-Spine
☐ L-Spine ☐ Myelogram
☐ Extremity _____ ☐ R ☐ L
☐ Cardiac Calcium Scoring
☐ Gout _____

VASCULAR

☐ Intracranial/Circle of Willis
☐ Carotids
☐ Circle of Willis/Carotids
☐ Thoracic
☐ AAA (Abd Aorta Only)
☐ Abd/Pel (incl. Iliac Art)
☐ Abd Runoff (incl. Lower Extremities)
☐ Other _____

X-RAY

☐ Chest 2V PA/Lateral
☐ 1V KUB
☐ 2V Flat/Upright Abd
☐ Sitzmark® Colon Transit Test
☐ Ribs _____
☐ Extremity R ☐ L ☐
_____ R ☐ L ☐
_____

☐ Sinus Series ☐ Waters Only
☐ Skull
☐ Orbits
☐ Pelvis
☐ Hip R ☐ Hip L
☐ Standing Knees AP
☐ Hand Arthritis Series
☐ Bone Age

SPINE
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ With Flexion and Extension
☐ Obliques ☐ Scoliosis Series
☐ Other _____

ULTRASOUND

☐ AAA Screening (once per lifetime)
☐ Aorta Complete
☐ Aorta Duplex (AO Comp/Doppler)
☐ Abdominal
(GB, Liver, Pancreas, Spleen, Renal, Aorta/Retroperitoneum)
☐ Limited ABD-RUQ
(Pancreas, GB, Liver, RKID)
☐ Liver 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 Arm ☐ R ☐ L
Leg ☐ R ☐ L
☐ Arterial Doppler Arm ☐ R ☐ L
Leg ☐ R ☐ L
☐ ABI
☐ w/Segmentals ☐ w/Toe Pressures
☐ Varicose Vein Reflux ☐ R ☐ L
☐ Vein Mapping Arm ☐ R ☐ L
Leg ☐ R ☐ L
☐ Hemodialysis Access Duplex
Arm ☐ R ☐ L
Placement Date _____
☐ Thoracic Outlet Syndrome
☐ Treatment of Vein Disease
_____
_____
_____

ULTRASOUND PROCEDURES

☐ Thyroid FNA
☐ Paracentesis ☐ Thoracentesis
☐ Core Biopsy ☐ FNA
☐ Clinical Concern for Lymphoma
☐ Y ☐ N

☐ Other _____
_____
_____

MRI

☐ No IV Contrast
☐ With and Without IV Contrast
☐ *Contrast at Radiologist Discretion*

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
☐ Sacrum/Coccyx/SI Joints

MSK

	R	L	ARTHROGRAM
☐ Shoulder	☐	☐	☐
☐ Elbow	☐	☐	☐
☐ Wrist	☐	☐	☐
☐ Hand/Fingers	☐	☐	☐
☐ Hip/Pelvis	☐	☐	☐
☐ Femur	☐	☐	☐
☐ Knee	☐	☐	☐
☐ Tib/Fib	☐	☐	☐
☐ Ankle	☐	☐	☐
☐ Foot	☐	☐	☐

☐ Other _____
☐ TMJ
☐ Dynawell L-Spine Compression

BODY

☐ Abdomen
☐ MRCP
☐ Liver ☐ EOVIST
☐ Elastography
with Fat Quant | Iron Load | NASH
☐ Renal ☐ Adrenal ☐ Pancreas
☐ Pelvis ☐ Mets ☐ Reprod. Anatomy
☐ Prostate MRI (w/wo IV contrast)
☐ Defecography
☐ Enterography (w/wo IV contrast)

☐ Other _____
_____
_____

VASCULAR

☐ MRA Head ☐ MRV Head
☐ Carotids
☐ Renal MRA
☐ Aortogram
☐ Thoracic
☐ Abdominal ☐ with Runoff
Other _____
_____

MSK | PAIN INJECTIONS

☐ SphenoCath
☐ Joint Injection
Specify Joint _____
☐ R ☐ L
☐ Joint Aspirations
Specify Joint _____
☐ R ☐ L
☐ Arthrogram
Specify Joint _____
☐ R ☐ L
☐ Tendon/Bursa Injection
Specify Tendon/Bursa _____
☐ R ☐ L
☐ Epidural Injections
Central Interlaminar
Specify Level(s) _____
☐ Nerve Root Block - Lumbar
Specify Nerve Root(s) _____
☐ R ☐ L ☐ Bilateral
☐ Facet Joint Injections - Lumbar
Specify Level(s) _____
☐ R ☐ L ☐ Bilateral
☐ Lumbar Puncture

DEXA | QCT BONE DENSITY

☐ QCT Bone Density (All Locations)

DEXA Bone Density (Anchorage/Palmer)
☐ Axial (routine)
☐ Peripheral (as indicated)
☐ Body Mass Index

PET | CT

PET | CT is available at Anchorage Location Only.

Download the order form at https://imagingak.com/scheduling-forms/

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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/Eagle River 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)
Fasting is not required.

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; it is preferable not to wear a dress. Additional exam specific instructions are noted below.

NOTHING BY MOUTH 8 HOURS PRIOR
(to include water) for the following studies:

- ABDOMEN COMPLETE or LIMITED
- LIVER ELASTOGRAPHY
- 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.

SPINE INJECTIONS

If you take blood thinners, you might need to stop taking them for several days before your spine injection 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

ANCHORAGE
AT THE CORNER OF PIPER AND PROVIDENCE
3650 PIPER ST. SUITE A, ANCHORAGE, AK 99508
PHONE 907.222.4624 **FAX** 907.222.4651

PALMER
JUST OFF TRUNK RD EXIT ON S. WOODWORTH LOOP
2280 S. WOODWORTH LOOP, PALMER, AK 99645
PHONE 907.746.4646 **FAX** 907.746.4640

EAGLE RIVER
ON BUSINESS BLVD, NEXT TO ALASKA CLUB
12001 BUSINESS BLVD. SUITE 3A, EAGLE RIVER, AK 99577
PHONE 907.222.4624 **FAX** 907.222.4651