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				

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
- ☐ W/WO Contrast
- ☐ Implant Integrity w/Silicone Only (non-contrast)

CONTRAST ENHANCED DIGITAL MAMMOGRAPHY (Anchorage | Palmer)
- ☐ Intermediate risk w/dense breasts screening
- ☐ High risk screening
- ☐ Recent Cancer Diagnosis
- ☐ Diagnostic Follow-Up Exam

**Does not replace Screening Mammogram*

Call to schedule. May require radiologist coordination.

PROCEDURES

- ☐ US Guided Biopsy ☐ If Indicated
- ☐ Stereo/Tomo Biopsy ☐ If Indicated
- ☐ MRI Breast Biopsy
- ☐ Axilliary Lymph Node Biopsy
  - ☐ Core Biopsy ☐ FNA

BREAST | AXILLA LOCALIZATION

- ☐ Mammo/Tomo ☐ US ☐ MRI
- ☐ Magseed ☐ Hologic Localizer
- ☐ Savi Scout ☐ Wire

Special Instructions

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WOMEN'S IMAGING

PELVIC ULTRASOUND

- ☐ Pelvic Transvaginal Only
- ☐ Pelvic Tranabdominal and Transvaginal
- ☐ Pelvic Transabdominal Only
- ☐ Ovarian Spectral Doppler
- ☐ Hysterosonogram (Anchorage) (Endometrium Eval)

WOMEN'S IMAGING

OB ULTRASOUND

LMP _____ EDC _____

- ☐ 1st Trimester OB < 14 weeks
- ☐ 2nd Trimester OB > 14 weeks
- ☐ OB Complete Fetal Anatomy (20-22 wks)
- ☐ OB Detailed Fetal Anatomy (20-22 wks) *MUST HAVE HIGH RISK REASON
- ☐ OB Twins Fetal Anatomy (20-22 wks)
- ☐ OB BPP
- ☐ OB Limited (size and dates)
- ☐ OB Follow-up
- ☐ OB Transvaginal if indicated

PELVIC MRI

- ☐ MRI Female Pelvis for Reproductive Anatomy (w/wo IV contrast)

FLUOROSCOPY

- ☐ Hysterosalpingogram (HSG) (Tubal Eval) (Anchorage)

NOTES

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BREAST CARE COORDINATION

- ☐ Breast Cancer Risk Counseling
- ☐ Genetic Testing
- ☐ Delegate breast diagnostic ordering (Mamm, US, Breast Bx, Breast MRI)

NOTES

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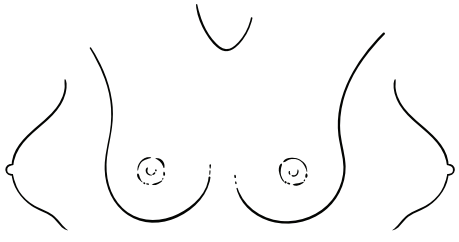
LOCATION OF ABNORMALITY



NOTES

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DEXA | QCT BONE DENSITY

- ☐ QCT Bone Density (All Locations)

DEXA Bone Density (Anchorage | Palmer)
- ☐ Axial (routine)
- ☐ Peripheral (as indicated)
- ☐ With TBS

- ☐ Body Mass Index

NOTES

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Please make arrangements to have copies of prior imaging and reports, including pathology reports, forwarded to Imaging Associates **24 HOURS BEFORE YOUR EXAM.** Reports can be faxed to 907.222.4651.

ANCHORAGE | EAGLE RIVER
PHONE 907.222.4624
FAX 907.222.4651

PALMER
PHONE 907.746.4646
FAX 907.746.4646

FIND US ONLINE IMAGINGAK.COM

REV 07/2024

IMAGING ASSOCIATES

Expert Radiology. Exceptional Care.

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; it is preferable not to wear a dress. 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. **Prep not necessary for transvaginal only exams.

HYSTEROSONOGRAM/HYSTEROSALPINGOGRAM (FLUORO)

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
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