

REPORTING INSTRUCTIONS:

PHONE NUMBER _____
 FAX NUMBER _____
 Routine Preliminary Report Preliminary Report-Patient Waiting
 Patient to Return with Films/CD Other _____

PATIENT'S LAST NAME		FIRST NAME	MI
DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PREGNANT? <input type="checkbox"/> Y <input type="checkbox"/> N	
HOME PHONE	WORK PHONE	CELL PHONE	PATIENT'S INSURANCE
REFERRING PROVIDER	PROVIDER'S SIGNATURE	TODAY'S DATE	EXAM DATE
EXAM TIME			
SIGNS AND SYMPTOMS INDICATING MEDICAL NECESSITY			

MRI

Open MRI / Anchorage
High-field MRI / Wasilla

Contrast

- With IV Contrast Without IV Contrast
 With/Without IV Contrast
 Radiologist Discretion
 Creatinine _____ Drawn _____ (Within 2 Months)

Neurologic/Spine

- Brain
 Orbits
 Pituitary
 Internal Auditory Canal
 Soft Tissue Neck
 Metastatic Spine Survey
 C-Spine T-Spine L-Spine Weight-bearing
 Prior Lumbar Surgery? Yes No When? _____
 Sacrum/Coccyx

Musculoskeletal

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Right | Left | Arthrogram |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hip | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Knee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> MRI specify _____ | | | |

Body

- Abdomen Pelvis
 Liver Breast
 MRCP
 Kidneys

Vascular

- Intracranial/Circle of Willis
 MRV
 Carotids
 Renal MRA
 MRA specify _____

Ultrasound

Anchorage/Wasilla

- Abdominal (GB, Liver, Pancreas, Spleen, Kidneys, Aorta)
 Renal/Bladder
 Thyroid Thyroid Biopsy
 Obstetric/Pregnancy EDC _____ LMP _____
 Pelvic W/Transvaginal (if needed)
 Transvaginal Only
 Scrotum/Testicular
Doppler Studies
 Aorta/Iliac Doppler
 Renal Artery Doppler
 Carotid Doppler
 Venous Doppler
 Arms R L Legs R L
 Ankle Brachial Index (ABI, Segmental Pressures)
 ABI Only
 Adult Echocardiogram
 Other _____

CT

Anchorage/Wasilla

Contrast

- With IV Contrast Without IV Contrast
 With/Without IV Contrast
 Radiologist Discretion
 Creatinine _____ Drawn _____ (Within 2 Months)

Neurologic/Spine

- Head/Brain
 Orbits/Facial
 Sinus Limited Sinus Complete
 Soft Tissue Neck
 C Spine T-Spine L-Spine
 Myelogram

Body

- Chest Chest for PE
 Abdomen
 Pelvis
 Renal Stone Study
 CT IVP
 Upper Extremity, Specify _____

- Lower Extremity, Specify _____

- 3D Reconstruction
 Virtual Colonoscopy
 Cardiac Score
 Lung Cancer Screening
 Other _____

Nuclear Medicine

Wasilla

- Bone Scan
 Whole Body Limited _____
 3 Phase Bone Scan
 Thyroid Uptake w/Scan
 Thyroid Therapy
 Whole body I 131 Imaging (Thyroid Met)
 Parathyroid Imaging
 White Blood Cell Scan
 Whole Body Limited _____
 Gastric Emptying
 Hepatobiliary (HIDA)
 w/GB Ejection Fraction(CCK)
 Kidney/Renal Scan
 w/Lasix DMSA
 Liver/Spleen Imaging
 MUGA, Gated Heart Imaging
 Myocardial Stress Test and Rest
 Treadmill Adenosine
 Holter Monitor Event Monitor
 EKG
 Other _____

Dexa

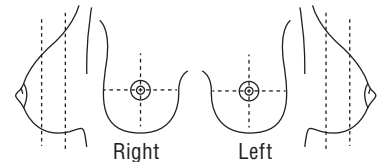
Wasilla

- DXA L-Spine & Hip DXA with IVA
 Body Fat Analysis

Breast Imaging

Wasilla

- Screening/Routine Mammogram
 Breast Ultrasound if needed
 Diagnostic Bilateral Mammogram
 Diagnostic Unilateral Mammogram
 Right Left



Indicate location of abnormality

- Breast Ultrasound Breast MRI
 Right Left
 Ultrasound Guided Breast Biopsy

X-Ray

Wasilla

- Skull
 Orbits
 Facial Bones
 Nasal Bones
 Sinus (Specify) _____
 Neck/Soft Tissue
 Clavicle
 Chest PA PA/LAT
 Ribs with /PA Chest
 Right Left
 Bilateral
 Abdomen (KUB)
 Hip
 Right Left
 Bilateral
 Pelvis
 Sacrum/Coccyx

Spine

- Cervical Thoracic Lumbar
 with Flexion/Extension
 Scoliosis Series
 Obliques

Extremity (Specify)

- _____ Right Left
 _____ Right Left
 _____ Right Left
 _____ Right Left
 Other _____

PET

PET/CT / Anchorage
PET / Wasilla

Special order form required please call
 330-1220 **Anchorage**
 357-1220 **Wasilla**

MRI

Patients will be asked to remove all metal from their person (i.e., earrings, watches, hairpins) and credit cards. Lockers will be provided.

For MRAs of abdomen and renals, MRCPs, or MRIs of the abdomen, liver, and pelvis: NPO 4 hours prior to exam. Patient may take medications with small amount of water.

Ultrasound

Abdominal: Nothing to eat 8 hours prior to exam. Patient may drink water only.

Renal: Nothing to eat 8 hours prior to exam. Drink 24 to 32 oz. of water 30 minutes prior to exam.

Abdominal Doppler: Nothing to eat 12 hours prior to exam. Patient may drink water only.

Pelvic/OB: Drink 24 - 32 oz. of water 45 minutes prior to exam.

Carotid Doppler, Upper and Lower Extremity Arterial, Adult Echocardiogram: no caffeine or other stimulant 1 hour prior to exam.

Fasting patients who are taking medications can take them with a small amount of water prior to the exam.

CT

Abdominal/Pelvis CT
NPO 4 hours prior to exam. Oral contrast per instructions on bottle except for kidney stones, appendix or pancreas.

Head/Brain Orbits, Sella, Post Fossa, IAC,
Soft Tissue Neck, Chest: NPO 4 hours

Nuclear Medicine

Myocardial Perfusion: A.M. appointments - NPO after midnight including medications. P.M. appointments - NPO 4 hours prior to exam including medications. If Adenosine: no caffeine the day before or day of the exam.

Renal: Drink 24 oz. of water 1 hour before exam.

Whole Body I-131: No thyroid medications for 6 weeks before exam. No CT or IVP contrast 6 weeks before exam. Low iodine diet one week before exam.

White Blood Cell: Patient must be well-hydrated.

HIDA Scan

No sulphates or morphine products.

A.M. appointments: NPO after midnight including medications.

P.M. appointments: NPO including medications 4 hours prior to exam.

I-123 Thyroid Uptake and Scan: No seafood 7 days before exam. No thyroid medications 6 weeks before exam. No CT or IVP contrast 6 weeks before exam.

Gastric Emptying: No sulphates or morphine products. NPO for 12 hours before exam. Patient will be fed a snack at the time of the exam.

Digital Mammography

Do not wear deodorant, powder, or lotion.

PET

Special diet needed, please call for instructions.

330-1220 (Anchorage)

357-1220 (Wasilla)

Anchorage Location

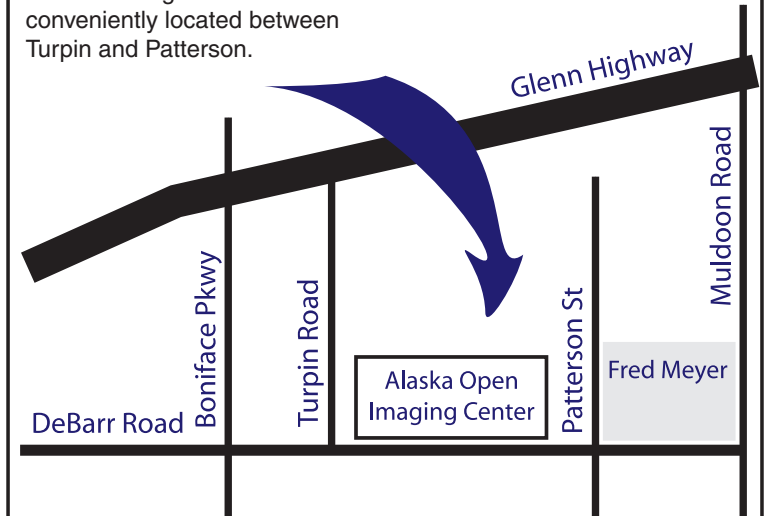
6911 DeBarr Road

(907) 330-1220

Anchorage, AK 99504

(907) 330-1222 fax

Our Anchorage office is conveniently located between Turpin and Patterson.



Wasilla Location

1751 East Gardner Way

(907) 357-1220

Wasilla, AK 99654

(907) 357-1222 fax

Our Wasilla office is centrally located just off Bogard Road, less than one mile east of Wasilla High School.

