

IMAGING ASSOCIATES
OF PROVIDENCE
A Providence Partner

Patient Name _____

Patient Phone _____ DOB _____

Exam Date _____ Time _____

ANCHORAGE

2000 Abbott Road

TEL 907.222.0200 **FAX** 907.222.0201

MRI (3T) CT Venacure

3T MRI available in Anchorage only.

X-Ray Mamm Ultrasound

PALMER

2280 S Woodworth Loop

TEL 907.746.4646 **FAX** 907.746.4640

MRI (1.5T) CT DXA

1.5T Open Bore MRI accommodates patients up to 550 lbs.

X-Ray Mamm Ultrasound

Exam Requested _____ DX Codes _____

Creatinine Level (CT) if Available _____ Date Drawn _____

Symptoms _____

Note to Technologist _____

Contrast /Exam as Necessary

Send Films with Patient

Weight Bearing

Send CD with Patient

Transvaginal Ultrasound as Necessary

Stat Call Report

Referring Physician _____ Phone _____

Staff Member Ordered By _____ Fax _____

Thanks for entrusting us with your patient. Expect a preliminary report within 1 hour of physician reading.

