



Expert Radiology. Exceptional Care.

ANCHORAGE FAX: 222-4651 • VALLEY FAX: 746-4640

SCHEDULING

Exam Date: _____

Time: _____

Location: _____

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 information form including: PATIENT WILL CALL TO SCHEDULE, IA TO SCHEDULE PATIENT, TODAY'S DATE, PATIENT'S LAST NAME, GENDER, PATIENT'S DATE OF BIRTH, PATIENT'S PHONE, PATIENT'S INSURANCE, ORDERING CLINICIAN, CLINICAL INDICATION OR REASON FOR EXAM AND ANY SPECIFIC REQUESTS.

CT section: IV Contrast, No IV Contrast, Contrast at Radiologist Discretion, BUN/Creatinine, Head, Maxillo-Facial/Orbits, Sinus Complete, Sinus Limited, Sinus Navigator, IACs/Temporal Bone/Pituitary, Neck, Chest/Thoracic, PE Chest, Abdomen, Pelvis, Both, 4-Phase Liver, Renal Stone Study, CT IVP, CT Enterography, C-Spine, T-Spine, L-Spine, Myelogram, Extremity, 3D Reconstruction, Virtual Colonoscopy, Cardiac Calcium Scoring, Vascular: Intracranial/Circle of Willis, Carotids, Renal, Mesenteric, Aortogram.

ULTRASOUND section: Abdominal (GB, Liver, Pancreas, Spleen, Renal, Aorta/Retroperitoneum), Limited ABD-RUQ (Panc, GB, Liver, RKID), Elastography, Renal/Bladder, Pelvic w/Transvaginal, Pelvic Only, Obstetric EDC, LMP, BPP, Scrotum/Testicular, Limited, Thyroid, Thyroid FNA, Paracentesis, Thoracentesis, Carotid, Renal Artery Doppler, Mesenteric Artery, Venous Doppler, Arms: R, L, Legs: R, L, Arterial Doppler, ABI w/Toe Pressure, ABI Only, ABI w/ Segmentals, Other, Varicose Vein Reflux Study (Eval. & Treatment), Varicose Vein Reflux Study Only, Sclerotherapy, Vein Mapping, Arms: R, L, Legs: R, L, Thoracic Outlet Syndrome.

MSK/SPINE INTERVENTIONS section: Joint Injection, Joint Aspirations, Epidural Injections, Nerve Root Block, Facet Joint Injections, Facet Block/Medial Branch Block, Tendon/Bursa Injection, Arthrogram.

MRI section: No IV Contrast, With and Without IV Contrast, Contrast at Radiologist Discretion, BUN/Creatinine, Neurologic/Spine: Brain, Brain - Attention to Orbits, Pituitary, Internal Auditory Canal, NeuroQuant, Cerebrospinal Fluid Flow, Soft Tissue Neck, Brachial Plexus, Metastatic Spine Survey, C-Spine, T-Spine, L-Spine, Reason (check one): Disc, Infection, MS, Mets, History of prior lumbar surgery?, Date Mo/Yr, Sacrum/Coccyx/SI Joints, MSK: Shoulder, Elbow, Wrist, Hand/Fingers, Hip/Pelvis, Femur, Knee, Tib/Fib, Ankle, Foot, Other, DynaWell L-Spine Compression, Body: Abdomen, MRCP, Liver, Renal, Pelvis, Prostate MRI, Defecography, Enterography, Vascular: MRA Head, MRV Head, Carotids, Renal MRA, Aortogram.

BREAST IMAGING section: Location of abnormality (diagram), Digital Mammography: 3D Tomosynthesis, Screening Mammo, Diagnostic Mammo, Breast MRI, Breast Ultrasound: R, L, If Needed, Ultrasound Guided Biopsy, Stereotactic Breast Biopsy, MRI Breast Biopsy.

DEXA/BONE DENSITY section: DEXA (Trunk Rd location only), CT Bone Density (Piper Only).

X-RAY section: Chest 2V PA/Lateral, Abdomen, KUB, Flat/Upright, 1V KUB, Sitzmark Colon Transit Test, Ribs, Extremity, Hand Arthritis Series, Sinus Series, Waters Only, Skull, Nasal Bones, Orbits, Pelvis, Hip, Standing Knees AP, Other, Spine: Cervical, Thoracic, Lumbar, Scoliosis Series, Obliques.

PET/CT section: Download order form at imagingak.com. PET/CT is available at Piper Location Only.



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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 metal from their person, (i.e., earrings, watches, hairpins, barrettes) and credit cards. Lockers are provided.

It is helpful if the patient's clothing is comfortable (i.e., sweats) and doesn't include metal buttons, snaps, or zippers.

For MRCPs, MRAs of abdomen and renals, or MRIs of the liver, pelvis and abdomen: The patient should not have anything to eat or drink (including water) 4 hours prior to the exam.

ULTRASOUND

For abdomen, aorta, liver transplant, mesenteric duplex, portal-hepatic duplex, TIPS evaluation, or renal arterial duplex: Do not eat or drink (including water) after midnight the evening before the exam.

For renal and pelvic prep: The patient should drink 32 oz. of water 1 hour prior to the exam without voiding.

NO PATIENT PREP is necessary for the following ultrasound procedures: breast, carotid duplex, cranial, testicular, venous duplex, groin duplex, venous reflux evaluation, and vein mapping.

CT

CT of Pelvis or Abdomen & Pelvis

- Abdomen
- Pelvis
- Multi-phase Liver
- Abdomen: Pancreatic or Gastric Tumor

Please call the location where your appointment is scheduled for CT prep instructions:

- For exams scheduled at Anchorage, call 222-4624
- For exams scheduled at Mat-Su Trunk Rd., call 631-4624

CT Enterography

Patient needs to arrive at our office 1 hour prior to exam for oral contrast.

Other CT Procedures Including:

- CT IVP
- CTA
- ABD&PEL w/Runoff
- ABD&PEL "AAA"
- ABDOMEN "Adrenal Mass"

If no oral contrast is indicated for your particular CT, simply do not eat or drink anything for at least 4 hours prior to your exam.

MAMMOGRAPHY

Do not wear deodorant, powder, or lotion.

PET

Please see our separate PET patient instructions, available at www.imagingak.com.

LOCATIONS

For maps and directions, visit www.imagingak.com/contact_us.

ANCHORAGE

At the corner of Piper and Providence
 3650 Piper Street, Suite A, Anchorage, AK 99508
 TEL 907.222.IMAGE (4624)
 FAX 907.222.4651

MAT-SU TRUNK RD

Just off the Trunk Road exit on S. Woodworth Loop
 2280 S. Woodworth Loop, Palmer, AK 99645
 TEL 907.631.IMAGE (4624)
 FAX 907.746.4640

WWW.IMAGINGAK.COM