

TODAY'S DATE

ANCH | E.RIVER FAX 907-222-4651
PALMER FAX 907-746-4640

REPORTING INSTRUCTIONS

STAT CALL REPORT TO PH# _____
 STAT FAX REPORT TO FX# _____
 DELIVER CD WITH REPORT COURIER 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
 Axillary Lymph Node Biopsy
 Core Biopsy FNA
 Contrast Enhanced Digital Mammography Biopsy

BREAST | AXILLA LOCALIZATION

Mammo/Tomo US MRI
 Magseed Hologic Localizer
 Savi Scout Wire

Special Instructions: _____

WOMEN'S IMAGING

OB ULTRASOUND
 LMP _____ EDD _____
 1st Trimester OB < 14 Weeks
 2nd Trimester OB > 14 Weeks
 OB Complete Fetal Anatomy (20-22 Wks)
 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) (Tube Eval) (Anchorage)

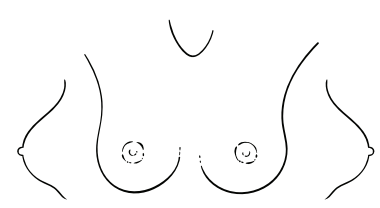
NOTES

BREAST CARE COORDINATION

Breast Cancer Risk Counseling
 Genetic Testing
 Delegate Breast Diagnostic Ordering (Mamm, US, Breast Bx, Breast MRI)

NOTES

LOCATION OF ABNORMALITY



NOTES

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



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 do not wear powder, perfume, or deodorant prior to the 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.

LOCATIONS

FOR MAPS & DIRECTIONS VISIT:
imagingak.com/contact-us

ANCHORAGE

AT THE CORNER OF PIPER & 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 LP.
2280 S. WOODWORTH LOOP, PALMER, AK 99645
PHONE 907-746-4646 FAX 907-746-4640

EAGLE RIVER

ON BUSINESS BLVD. NEXT TO THE ALASKA CLUB
12001 BUSINESS BLVD. SUITE 3A, EAGLE RIVER, AK 99577
PHONE 907-222-4624 FAX 907-222-4651

IF YOU HAVE ANY QUESTIONS PLEASE CALL THE OFFICE AT 907-222-4624