IMAGING ASSOCIATES

Expert Radiology. Exceptional Care.

TODAY'S DATE

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

REPORTING INSTRUCTIONS

☐ STAT CALL REPORT TO PH# _____

☐ 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
- ☐ 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: _____

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WOMEN'S IMAGING

PELVIC ULTRASOUND

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

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

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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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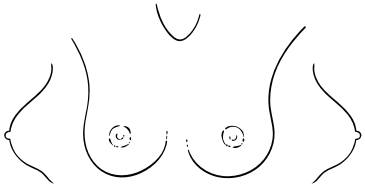
LOCATION OF ABNORMALITY



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 & 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 03/2026

IMAGING ASSOCIATES
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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.

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 supplements the day of the 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