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

SEND ADDITIONAL COPIES OF REPORT TO

CLINICIAN SIGNATURE

CLINICAL INDICATION OR REASON FOR EXAM AND ANY SPECIFIC REQUESTS.
INCLUDE ICD10 CODE(S) IF AVAILABLE.

CT

☐ IV Contrast ☐ No IV Contrast
☐ *Contrast at Radiologist Discretion*

BUN I Creatinine _____
(Age 60 + or Prior Renal History)

☐ Head
☐ Maxilla-Facial ☐ Orbits
☐ Sinus ☐ Stealth Sinus
☐ IACs/Temporal Bone
☐ Neck (Soft Tissue)
☐ Chest ☐ PE Chest
☐ Chest/Abdomen/Pelvis
☐ Abdomen ☐ Pelvis ☐ Both
☐ Multiphase Liver
☐ Renal Stone Study
☐ CT IVP (CT Urogram)
☐ CT Enterography (Small Bowel Eval.)
☐ C-Spine ☐ T-Spine
☐ L-Spine ☐ Myelogram
☐ Extremity _____ ☐ R ☐ L
☐ Cardiac Calcium Scoring
☐ Gout _____

VASCULAR

☐ Intracranial/Circle of Willis
☐ Carotids
☐ Circle of Willis/Carotids
☐ Thoracic
☐ AAA (Abd Aorta Only)
☐ Abd/Pel (incl. Iliac Art)
☐ Abd Runoff (incl. Lower Extremities)
☐ Other _____

X-RAY

☐ Chest 2V PA/Lateral
☐ 1V KUB
☐ 2V Flat/Upright Abd
☐ Sitzmarks® Colon Transit Test
☐ Ribs _____
☐ Extremity R L
_____ ☐ ☐
_____ ☐ ☐
☐ Sinus Series ☐ Waters Only
☐ Skull
☐ Orbits
☐ Pelvis
☐ Hip R ☐ Hip L
☐ Standing Knees AP
☐ Hand Arthritis Series
☐ Bone Age

SPINE

☐ Cervical ☐ Thoracic ☐ Lumbar
☐ With Flexion and Extension
☐ Obliques ☐ Scoliosis Series
☐ Other _____

ULTRASOUND

☐ AAA Screening (once per lifetime)
☐ Aorta Complete
☐ Aorta Duplex (AO Comp/Doppler)
☐ Abdominal
(GB, Liver, Pancreas, Spleen, Renal, Aorta/Retroperitoneum)
☐ Limited ABD-RUQ
(Pancreas, GB, Liver, RKID)
☐ Liver Elastography
☐ Renal/Bladder
☐ Bladder with Post Void
☐ Scrotum/Testicular
Hernia (Dynamic)
☐ Inguinal
☐ Abdominal Wall
☐ Inguinal
☐ Abdominal Wall
☐ Soft Tissue _____
☐ Limited _____
☐ Other _____
☐ Thyroid
☐ Carotid
☐ US Abdominal Duplex Portahepatic
☐ US Abdominal Duplex TIPS
☐ Renal Artery Doppler
☐ Mesenteric Artery
☐ Venous Doppler Arm ☐ R ☐ L
Leg ☐ R ☐ L
☐ Arterial Doppler Arm ☐ R ☐ L
Leg ☐ R ☐ L
☐ ABI
☐ w/Segmentals ☐ w/Toe Pressures
☐ Vein Mapping Arm ☐ R ☐ L
Leg ☐ R ☐ L
☐ Placement Date _____
☐ Thoracic Outlet Syndrome

ULTRASOUND PROCEDURES

☐ Thyroid FNA
☐ Paracentesis ☐ Thoracentesis
☐ Core Biopsy ☐ FNA
☐ Clinical Concern for Lymphoma
☐ Y ☐ N
Other _____

PET | CT

PET I CT is available at Anchorage location only.

Download the order form at
https://imagingak.com/scheduling-forms/

MRI

☐ No IV Contrast
☐ With and Without IV Contrast
☐ *Contrast at Radiologist Discretion*

NEUROLOGIC SPINE

☐ Brain
☐ Brain - Attention to Orbits
☐ Neuroquant®
☐ Functional MRI
☐ Spectroscopy
☐ Pituitary
☐ Internal Auditory Canal
☐ Cerebrospinal Fluid Flow
☐ Soft Tissue Neck
☐ Brachial Plexus
☐ Metastatic Complete Spine Survey
☐ C-Spine ☐ T-Spine ☐ L-Spine
Reason (check one):
☐ Disc ☐ Infection ☐ MS ☐ Mets
☐ Sacrum/Coccyx/SI Joints

MSK

	R	L	ARTHROGRAM
☐ Shoulder	☐	☐	☐
☐ Elbow	☐	☐	☐
☐ Wrist	☐	☐	☐
☐ Hand/Fingers	☐	☐	
☐ Hip/Pelvis	☐	☐	☐
☐ Femur	☐	☐	
☐ Knee	☐	☐	☐
☐ Tib/Fib	☐	☐	
☐ Ankle	☐	☐	☐
☐ Foot	☐	☐	
☐ TMJ	☐	☐	
☐ Other	☐	☐	☐

_____

BODY

☐ Abdomen
☐ MRCP
☐ Liver ☐ EOVIST
☐ Elastography
☐ *with Fat Quant | Iron Load | NASH*
☐ Renal ☐ Adrenal ☐ Pancreas
☐ Pelvis ☐ Mets ☐ Reprod. Anatomy
☐ Prostate MRI (w/wo IV contrast)
☐ Defecography
☐ Enterography (w/wo IV contrast)
☐ Other _____

VASCULAR

☐ MRA Head ☐ MRV Head
☐ Carotids
☐ Renal MRA
☐ Aortogram
☐ Thoracic ☐ Abdominal ☐ with Runoff
☐ Other _____

MSK | PAIN INJECTIONS

☐ Joint Injection
Specify Joint _____
☐ R ☐ L
☐ Joint Aspirations
Specify Joint _____
☐ R ☐ L
☐ Arthrogram
Specify Joint _____
☐ R ☐ L
☐ Tendon/Bursa Injection
Specify Tendon/Bursa _____
☐ R ☐ L
☐ Lumbar Puncture

DEXA | QCT BONE DENSITY

☐ QCT Bone Density (All Locations)
DEXA Bone Density (Anchorage/Palmer)
☐ Axial (routine)
☐ Peripheral (as indicated) ☐ with TBS
☐ Body Mass Index

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.

MRI

Patients will be asked to remove all metallic objects i.e. hearing aids, dentures and body piercings. The technologist will provide appropriate garments to wear for the procedure and all personal belongings can be stored in a lockable cabinet.

MRI PREP (ABDOMEN, MRCP)
NO FOOD OR DRINK FOR 4 HOURS PRIOR TO APPOINTMENT.
WATER IS THE ONLY EXCEPTION.

MRI ENTEROGRAPHY
NO FOOD 4 HOURS PRIOR TO APPOINTMENT.
Please arrive one (1) hour before your appointment time.
The technologist will provide the patient with oral contrast to drink at specific times while the patient is in the lobby. This will be monitored by the technologist.

CT

Your technologist will provide appropriate garments to wear for the procedure and all personal belongings can be stored in a lockable cabinet.

CT W/ CONTRAST
PLEASE DRINK PLENTY OF WATER 24 HOURS PRIOR TO YOUR SCAN.
Your study may also require oral contrast which will need to be picked up prior to the appointment.

If you have questions, please contact our office: 222-4624 for Anchorage/Eagle River or 746-4646 for the Valley.

CT ENTEROGRAPHY
NO FOOD 4 HOURS PRIOR TO APPOINTMENT.
Please arrive one (1) hour before your appointment time. The technologist will provide the patient with oral contrast to drink at specific times while the patient is in the lobby. This will be monitored by the technologist.

CTA
(ANGIOGRAM-CHEST, ABDOMEN, ABDOMEN/PELVIS, RUNOFFS)
No food for 4 hours prior to the exam. Water is the only exception and is encouraged to maintain hydration.

PET

Please see supplemental PET Patient Instructions, available at
https://imagingak.com/patient-exam-prep/

DEXA BONE DENSITY

No calcium supplements the day of the scan.

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.

NOTHING BY MOUTH 8 HOURS PRIOR
(to include water) for the following studies:

- ABDOMEN COMPLETE or LIMITED
- LIVER ELASTOGRAPHY
- ABDOMINAL AORTA
- LIVER DOPPLER
- MESENTERIC DOPPLER
- RENAL ARTERY DOPPLER
- RENAL TRANSPLANT

RENAL COMPLETE
Drink 32+ oz. of water 60 minutes prior to appointment.
PLEASE DO NOT VOID.

CAROTID/UPPER & LOWER EXTREMITY ARTERIAL
NO CAFFEINE or other stimulants four (4) hours prior to exam.

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