DIAGNOSTIC HEALTH ALASKA

Alaska's Home for Medical Imaging Since 1984

❑ **Anchorage**
4100 Lake Otis Pkwy, Suite 102
Anchorage, AK 99508
Scheduling: **729.5800**
Fax: **729.5889**

❑ **Wasilla**
1751 East Gardner Way, Suite B
Wasilla, AK 99654
Scheduling: **376.4300**
Fax: **376.4340**

❑ Patient Will Call
❑ Call Patient

Today's Date: _____
Exam Date/Time: _____

REPORTING INSTRUCTIONS

Deliver CD with report by: ❑ Patient ❑ Courier ❑ STAT Follow Up Date & Time: _____
❑ Send additional copies of report to: _____

Patient Last Name: _____ First: _____ M: _____

Phone: _____ DOB: _____ Pregnant: ❑ Y ❑ N

Ordering Provider: _____ Provider Signature: _____

Signs/Symptoms **Must Be Listed:** _____ ICD 10 *optional*: _____

MRI - Magnetic Resonance Imaging

Contrast

If no option is selected, the referring physician defers to the radiologist as to whether contrast is medically necessary.

☐ Without Contrast
☐ With & Without Contrast

Study

☐ Abdomen ☐ Pelvis
☐ Brain
☐ IAC*
☐ Chest
☐ C-Spine ☐ T-Spine ☐ L-Spine
☐ Neck
☐ Orbit/Face/Neck
☐ TMJ

Musculoskeletal

	Left	Right	Arthrogram
☐ Shoulder	☐	☐	☐
☐ Elbow	☐	☐	
☐ Wrist	☐	☐	☐
☐ Hand	☐	☐	
☐ Thumb	☐	☐	
☐ Hip	☐	☐	☐
☐ Femur	☐	☐	
☐ Knee	☐	☐	☐
☐ Tib/Fib	☐	☐	
☐ Ankle	☐	☐	
☐ Foot	☐	☐	
☐ Pelvic Bone	☐	☐	

Vascular

☐ MRA/MRI, Specify: _____
☐ Intracranial/Circle of Willis
☐ Carotids*
☐ Renal MRA*
☐ Abdominal Aortogram w/Runoff*

Ultrasound General

☐ Abdomen Limited organ: _____
☐ Extremity, Non Vascular, Specify:
_____
☐ OB EDC:_____ LMP:_____
☐ Pelvic w/Transvaginal
☐ Renal/Bladder
☐ Scrotum
☐ Thyroid ☐ Thyroid FNA
☐ Other: _____

Ultrasound Vascular

☐ ABI - include Segmentals/ Arterial Doppler PRN
☐ Aorta Doppler
☐ Carotid Doppler
☐ Renal Arterial Doppler
☐ Venous Doppler Upper Extremity (DVT)
☐ Bilat ☐ Left ☐ Right
☐ Venous Doppler Lower Extremity (DVT)
☐ Bilat ☐ Left ☐ Right

CT - Computed Tomography *(Anchorage Only)*

Contrast

If no option is selected, the referring physician defers to the radiologist as to whether contrast is medically necessary.

☐ Without Contrast
☐ With & Without Contrast

Study

☐ Head/Brain ☐ CT Angiography
☐ Orbits
☐ Facial Bones
☐ Sinus
☐ Soft Tissue Neck
☐ Chest ☐ CT Angiography
☐ Cardiac Scoring
☐ Pulmonary Embolism Study w/ contrast
☐ Colonography (Virtual Colonoscopy)
☐ Abdomen and/or Pelvis ☐ CT Angiography
☐ Lower Extremity Vascular Runoff (3D)
☐ Renal Stone
☐ C-Spine ☐ T-Spine ☐ L-Spine
☐ Myelogram
☐ CT IVP
☐ CT Upper Extremity: _____
☐ 3D Reconstruction
☐ Pre-Surgical Planning
☐ CT Lower Extremity: _____
☐ 3D Reconstruction
☐ Pre-Surgical Planning

X-ray

☐ Skull
☐ Paranasal Sinuses
☐ Soft Tissue Neck
☐ Clavicle
☐ Chest ☐ PA ☐ PA/LAT
☐ Ribs w/PA Chest
☐ Left ☐ Right
☐ Bilateral
☐ Abdomen (KUB)
☐ Hip
☐ Left ☐ Right
☐ Bilateral
☐ Pelvis
☐ Sacrum & Coccyx
☐ Osseous Survey

Spine

☐ Cervical ☐ Thoracic ☐ Lumbar
☐ With Flexion/Extension
☐ Scoliosis Series

Extremity (Specify):

_____ ☐ Left ☐ Right
_____ ☐ Left ☐ Right
_____ ☐ Left ☐ Right
_____ ☐ Left ☐ Right

Special Studies

☐ Barium Swallow
☐ Upper GI Series ☐ w/Small Bowel
☐ Barium Enema w/Air Contrast
☐ Cystogram ☐ Voiding
☐ Specify: _____

PET/CT *(Anchorage Only)*

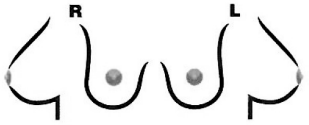
☐ Routine (skull base to mid thigh)
☐ Whole Body
☐ PET Bone Scan
☐ PET Brain

Reason for Scan

☐ Initial Staging
☐ Diagnosis
☐ Tumor monitoring during tx
☐ Restaging at completion of tx
☐ Suspected recurrence

Breast Imaging *(Anchorage Only)*

☐ Screening Mammogram
Patient has **NO** Symptoms
☐ Diagnostic Mammogram w/ Breast Ultrasound PRN
☐ Bilat ☐ Unilat LT RT
☐ Breast Ultrasound
☐ Bilat ☐ Unilat LT RT



Nuclear Medicine *(Anchorage Only)*

☐ Bone Scan ☐ SPECT
☐ Whole Body ☐ Limited:_____
☐ Bone Scan/3 Phase
☐ Thyroid Uptake w/Scan
☐ Thyroid Therapy, Dose:_____mCi
☐ Whole Body I131Imaging (Thyroid Met)
☐ Parathyroid Imaging
☐ White Blood Cell Scan
☐ Whole Body ☐ Limited:_____
☐ Gastric Emptying
☐ Hepatobiliary (HIDA)
☐ w/GB Ejection Fraction (CCK)
☐ Kidney/Renal Scan
☐ w/Lasix ☐ DMSA
☐ Liver/Spleen Imaging
☐ MUGA, Gated Heart Imaging
☐ Specify: _____

Steroid Injections

Level Desired

☐ Interlaminar Epidural: _____
☐ Transforaminal Epidural (Nerve Root Block): _____
☐ Facet Joint: _____
☐ Sacroiliac Joint ☐ L ☐ R
☐ Joint (Specify): ☐ L ☐ R

_____
_____
_____

GENERAL

Please check in 30 minutes prior for MRI and 15 minutes for all other appointments unless stated otherwise. You will need to bring a picture ID, a copy of your insurance card and any completed, related studies such as X-rays or CT scans. Tell your doctor and the technologist if you are pregnant or think you may be pregnant. We require 24-hour notice for changes to any appointment or for cancellations.

Diabetic patients and patients age 60 or older will require a creatinine test prior to the administration of IV contrast. Test results need to be within 30 days of exam date. If needed, a test can be performed onsite free of charge the day of the exam. Please call the center for more information.

MRI

Patients cannot be examined if they have any of the following: a pacemaker, aneurysm clips in the brain, ear implants, implanted spinal cord stimulation or metallic fragments in one or both eyes.

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 patient's clothing is comfortable 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 exam.

CT

Please notify the center of any history of allergies prior to taking prep.

CT of Abdomen & Pelvis

Plan on arriving 1 hour before exam for the administration of oral contrast. Do not eat or drink anything 6 hours prior to exam.

CT of Multi-Phase Liver/Renal

Do not eat or drink anything 6 hours prior to exam.

Abdomen: Pancreatic or Gastric Tumor/Renal

No oral contrast.
Do not eat or drink anything 6 hours prior to exam.

ULTRASOUND

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

For pelvis, renal and OB ultrasounds, you will need a full bladder. Drink 32 ounces of water 1 hour before the exam and do not urinate until after test.

NO PATIENT PREP is necessary for the following ultrasound procedures: thyroid, breast, carotid duplex, testicular, venous duplex, ABI and arterial lower extremity.

BREAST IMAGING

Do not wear deodorant, powder or lotion.

PET/CT & NUCLEAR MEDICINE

Special prep may be required before the scan is performed. Please call our center 24 hours prior to exam for exam instructions.

DIAGNOSTIC RADIOLOGY

Barium Swallow UGI & SBFT

Nothing to eat or drink after midnight the night before the exam.

Call us with questions:

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www.dhaalaska.com

16-0555