



3340 Providence Drive  
Anchorage, AK 99508  
Main: (907) 212-3151  
Toll-free: (888) 458-3151

MRI, CT, PET-CT Scheduling: (907) 212-3146  
All Other Scheduling: (907) 212-3151  
Fileroom: (907) 212-3144  
Fax For All Orders: (907) 212-5828

REPORTING INSTRUCTIONS

- STAT Call Report – ph# \_\_\_\_\_
- STAT Fax Report – fx# \_\_\_\_\_
- Pt. to return  with CD  with films

PATIENT LAST NAME (REQUIRED) FIRST M PT. PHONE NUMBER DATE OF BIRTH (REQUIRED)

ORDERING CLINICIAN (REQUIRED) CLINICIAN SIGNATURE (REQUIRED – NO STAMPS)

SEND ADDITIONAL COPIES OF REPORT TO PREGNANT?  YES  NO

HISTORY/SYMPTOMS/DIAGNOSIS (REQUIRED) – PLEASE INCLUDE ICD-9 CODE(S)

**CT**

BUN/Creat. \_\_\_\_\_

With IV Contrast  Without IV Contrast

With & Without IV Contrast

Head  Abdomen

Neck  Renal Stone Study

Chest  Pelvis

PE Study  Abdomen and Pelvis

Chest Hi-Res  CT IVP (urogram)

(interstitial lung disease)  CT Enterography

Maxillo Facial (small bowel)

Sinus Complete  Sinus Limited

IACs/Temporal Bone/Pituitary

Orbits

C-Spine  T-Spine  L-Spine

Extremity \_\_\_\_\_

**CT Angiogram**

Carotids (aortic arch to Circle of Willis)

Intracranial/Circle of Willis

Thoracic Angiogram

Renal Angio

ABD/Pelvic Angio (for AAA)

ABD Aortogram & Lower Extremity Runoff

Other \_\_\_\_\_

**PET - CT**

Special order form required, call 212-3146.

**BONE DENSITOMETRY**

DXA L-Spine & Hip  DXA with IVA

Body Fat Analysis

**MRI**

**Neurologic/Spine**

Brain With and Without Contrast

Brain Without Contrast

Orbits  Brain Spectroscopy

Pituitary

Internal Auditory Canal

Fifth Cranial Nerve

Pre-op Stealth Brain

Metastatic Spine Survey

Soft Tissue Neck

Brachial Plexus

C-Spine  T-Spine  L-Spine\*

Reason (check one):  Disc  Infection

MS  Mets

\*History of prior lumbar surgery?  Yes  No

**Musculoskeletal**

	Right	Left
<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shoulder with Arthrogram	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hip	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hip with Arthrogram	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ankle	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>

**BREAST**

Indicate location of abnormality

**Digital Mammography** Right Left

Screening

Diagnostic Bilateral Mammogram

Diagnostic Unilateral Mammogram

Cone/Magnification Views, if needed

Mammogram/Augmentation

Ductogram

Stereotactic Biopsy

Other \_\_\_\_\_

**Ultrasound**

Breast Ultrasound

if needed

Breast Ultrasound Aspiration

Breast Ultrasound Biopsy

**ULTRASOUND**

Abdominal (GB, Liver, Pancreas, Spleen, Kidneys, Aorta)

Aorta  Biophysical Profile

Cranial

Hysterosonogram

Obstetric EDC \_\_\_\_\_ LMP \_\_\_\_\_

Pelvic w/Transvaginal

Renal/Bladder  Testicular

Thyroid  Thyroid Biopsy/FNA

**Doppler Studies**

Mesenteric  Porto-hepatic  Renal Arterial

Venous Doppler

Arms  R  L Legs  R  L

Carotid Doppler  Liver Transplant

Renal Transplant  Transcranial Doppler

Ankle Brachial Index (ABIs)

(Segmental, Resting & Exercise prn)

Groin Doppler (Post Heart Cath)

Vein Mapping

Arms  R  L Legs  R  L

Other \_\_\_\_\_

**Body**

Pelvis

Pre-embolization Uterus

Routine Liver with Gadolinium

Liver with Feridex

MRCP

Renal  Adrenal  Pancreas

**MR Angiogram**

Carotids (from aortic arch to Circle of Willis)

Intracranial/Circle of Willis

Thoracic Aortogram

Renal MRA

Abdominal Aortogram & Lower Extremity Runoff

Other \_\_\_\_\_

**DIAGNOSTIC RADIOLOGY**

Sinus Series  Skull

Sinus/Waters only  Facial Bones

Chest

Abdomen (KUB)  Ribs \_\_\_\_\_

**Spine**  **Scoliosis Series**

Cervical  Thoracic  Lumbar

Complete  Limited \_\_\_\_\_

**Extremity**

	#Views	Right	Left
<input type="checkbox"/> Hand	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Finger	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrist	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Forearm	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elbow	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Humerus	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shoulder	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foot	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Toes	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ankle	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tib-Fib	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Femur	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hip	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Standing Knees AP			

**Gastrointestinal**

Barium Swallow (Esophagram)  Upper GI

Small Bowel Series  Barium Enema

Barium Enema Air Contrast

**Hysterosalpingogram**

Other \_\_\_\_\_

OFFICE COPY (WHITE) – KEEP FOR YOUR RECORDS • PATIENT COPY (YELLOW) – PREP INSTRUCTIONS ON BACK OF YELLOW COPY ONLY

**Scheduling:**  
**General** (907) 212-3151  
**Toll-free** (888) 458-3151  
**MRI, CT, PET-CT** (907) 212-3146  
**Pre-Registration:** (907) 212-3151  
**Online Pre-Registration:**  
[www.provimaging.com/register](http://www.provimaging.com/register)

**File Room (films)** (907) 212-3144  
**(Please provide 24-hour notice for film check-out)**  
**Nurse** (907) 212-3607  
**Billing** (907) 565-8001

**Fax Numbers:**  
**General (all orders)** (907) 212-5828  
**File Room** (907) 212-3119

# Patient Instructions *See Web site for additional information [www.provimaging.com/prep](http://www.provimaging.com/prep)*

## Diagnostic Radiology

Procedure	Patient Instructions
<input type="checkbox"/> Barium Swallow	Nothing to eat or drink (including water) after midnight the evening before. *SB may take 2 to 4 hours or more.
<input type="checkbox"/> Upper GI	
<input type="checkbox"/> Small Bowel Series*	

<input type="checkbox"/> Barium Enema	<b>Two Days Before Exam:</b> Take only liquids. Meals may include clear broth, strained fruit juices, tea, coffee, or Jello.
<input type="checkbox"/> Barium Enema with Air Contrast	

If you are **diabetic**, please drink clear liquids, juices with sugar content, and broths (examples are apple or cranberry juice, 7-up, Sprite, chicken broth). Do not take your daily insulin dose without first checking your blood sugar before meals and at bedtime during the entire 3 day barium enema prep when you are only drinking clear liquids and broth. Please contact your primary care provider regarding any changes they may want to make for your insulin dosage or oral diabetic medication.

**One Day Before Exam:**  
At 1, 3, 6 and 10 p.m. drink 8 oz. clear liquid in addition to the clear liquid diet.

At 6 p.m. drink 8 oz. bottle of magnesium citrate.  
At 8 p.m. take 4 dulcolax tablets with 8 oz. liquid.

**On Morning of Exam:**  
Drink at least 8 oz. or more liquid, but no other breakfast.

At least one hour before leaving for your exam, insert one dulcolax suppository into your rectum. Wait at least 15 minutes before evacuating.

All other general radiology exams require no prep. Medications should be taken and where fasting is required, a small amount of water may be taken to swallow pills.

## PET-CT

Special diet needed, please call (907) 212-3146 for instructions.

## CT Scan

<input type="checkbox"/> CT Abdomen	Do not eat or drink anything four (4) hours prior to exam. Thirty (30) minutes before exam, drink <b>one (1) bottle</b> of oral CT contrast.
<input type="checkbox"/> CT Abdomen/Pelvis prior to 9 a.m.	At 9 p.m. the evening before exam, drink <b>one (1) bottle</b> of oral CT contrast. You may eat and drink as desired after taking the oral contrast until midnight. On the morning of exam, do not eat or drink anything other than the oral CT contrast. Thirty (30) minutes before exam, drink the <b>second bottle</b> of oral CT contrast.
<input type="checkbox"/> CT Abdomen/Pelvis after 9 a.m.	Drink <b>one (1) bottle</b> of oral CT contrast three (3) hours prior to exam. Nothing to eat after the <b>first bottle</b> of oral CT contrast. Thirty (30) minutes before exam, drink the <b>second bottle</b> of oral CT contrast.
<input type="checkbox"/> CT Enterography	Do not eat or drink four (4) hours prior to exam.

## Ultrasound

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

For breast, carotid doppler, cranial, testicular, transcranial doppler, renal transplant venous doppler, ABIs, groin doppler, and vein mapping: **no patient prep is necessary.**

<input type="checkbox"/> Pelvis/OB	One and one-half hours before the exam, start drinking 32 oz. of water. Complete drinking water one hour prior to exam. Do not urinate until after test.
<input type="checkbox"/> Renal	Drink plenty of clear liquids day prior to exam. Day of exam, drink 24 oz. of water. Complete drinking 30 minutes prior to exam. Do not urinate until after test.

## Bone Densitometry

No calcium supplements the day of your exam. Wear comfortable clothing without zippers or metal. Do not schedule Nuclear Medicine or studies with Barium prep within two days prior to exam.

## Digital Mammography

No deodorant, powder or lotion. Mobile digital mammography is also available. Go to [provimaging.com/mobile](http://provimaging.com/mobile) for more information.

## MRI

Patients will be asked to remove all metal from their person (i.e., earrings, watches, bobby pins, barrettes, etc.) and credit cards. Lockers are provided. It's helpful if patient's clothing is comfortable (i.e., sweats) and doesn't include metal buttons, snaps or zippers.

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

**Renal patients:** If you have a history of kidney failure and are scheduled for an MRI with IV contrast, please give us a call as soon as possible before your scheduled appointment. Our technologist will be checking your laboratory results and consulting a radiologist to determine the safest way to proceed with your examination.

### TWO CONVENIENT LOCATIONS TO SERVE YOU

**In Anchorage** • 3340 Providence Drive, Anchorage, AK 99508  
 Providence Imaging Center is located on the east end of the Providence Alaska Medical Center campus. Follow signs to campus entrance 4.

**In Eagle River** • 17101 Snowmobile Lane, Eagle River, AK 99577  
 (907) 726-6610 main • (907) 726-6612 fax  
 As of September 2008, PIC has opened our first satellite location at the north end of town in the new Providence Medical Building. Please call (907) 212-3151 for information about our imaging services at this location.