IMAGING ASSOCIATES OF PROVIDENCE

2280 South Woodworth Loop • Palmer, AK 99645 • (907) 746-4646

REPORTING INSTRUCTIONS

☐ Stat Call Report ☐ Stat Fax Report
☐ Phone # ____________________
☐ Fax # ____________________
☐ Patient to return ☐ with films ☐ with CD

Today's Date: ____________________

Exam Date: ____________________

PATIENTS: In order to expedite your appointment, please call to pre-register.

PATIENT'S LAST NAME	FIRST	M	PT. PHONE NUMBER	DATE OF BIRTH

ORDERING CLINICIAN	CLINICIAN SIGNATURE

SEND ADDITIONAL COPIES OF REPORT TO	PREGNANT? ☐ YES ☐ NO

DIAGNOSIS or SYMPTOM(S)

EXAM REQUESTED (or check box below):	BUN/Creatinine

Multi-Slice CT

☐ **With IV Contrast**
☐ **Without IV Contrast**
☐ **With and Without IV Contrast**

☐ Head
☐ Maxillo-facial
☐ Sinus Complete ☐ Sinus Limited
☐ IACs/Temporal Bone/Pituitary
☐ Orbits
☐ Neck (Soft Tissue)

☐ Chest
☐ Chest High Resolution (interstitial lung disease)

☐ Abdomen
☐ Pelvis
☐ Abdomen and Pelvis
☐ Renal Stone Study
☐ CT IVP (CT Urogram)

☐ Extremity ☐ R ☐ L ____________

☐ C-Spine ☐ T-Spine ☐ L-Spine

Vascular
☐ Intracranial/Circle of Willis
☐ Carotids
☐ PE Protocol
☐ Renal
☐ Mesenteric
☐ Aortogram
☐ Thoracic
☐ Abdominal ☐ with Runoff

☐ Other ____________________

X-ray

☐ Chest ☐ AP ☐ PA/Lateral
☐ Abdomen (KUB)

☐ Other ____________________

MRI
1.5 Tesla High-Field Open Bore

☐ **With IV Contrast**
☐ **Without IV Contrast**
☐ **With and Without IV Contrast**

Neurologic/Spine
☐ Brain
☐ Orbits
☐ Pituitary
☐ Internal Auditory Canal
☐ Surgical Planning Stealth Brain

☐ Soft Tissue Neck
☐ Brachial Plexus

☐ C-Spine ☐ T-Spine ☐ L-Spine
☐ Metastatic Spine Survey

Musculoskeletal	Right	Left
☐ Shoulder	☐	☐
☐ Wrist	☐	☐
☐ Hip	☐	☐
☐ Knee	☐	☐
☐ Ankle	☐	☐

Body
☐ Abdomen ☐ Pelvis
☐ Routine Liver with Gadolinium
☐ Liver with Feridex
☐ MRCP
☐ Renal ☐ Adrenal ☐ Pancreas

Vascular
☐ Intracranial/Circle of Willis
☐ Carotids
☐ Renal
☐ Mesenteric
☐ Aortogram
☐ Thoracic
☐ Abdominal ☐ with Runoff

☐ Other ____________________

Ultrasound

☐ Carotid
☐ Thyroid ☐ Thyroid Biopsy
☐ Abdominal
☐ Renal
☐ Pelvic
☐ Obstetric
☐ Testicular
☐ Venous Doppler
☐ Reflux Study (Varicose Vein Eval)
☐ Limited ____________________
☐ Paracentesis
☐ Thoracentesis

☐ Other ____________________

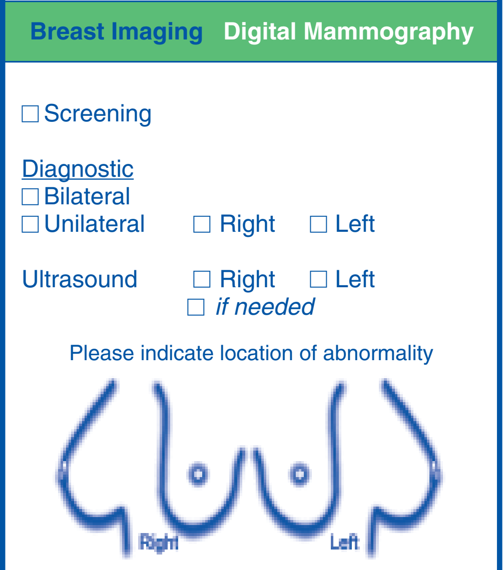
Breast Imaging Digital Mammography

☐ Screening

Diagnostic
☐ Bilateral
☐ Unilateral ☐ Right ☐ Left

Ultrasound ☐ Right ☐ Left
☐ *if needed*

Please indicate location of abnormality



Bone Densitometry

☐ DEXA L-Spine & Hip

South Anchorage
2000 Abbott Road Suite A-2
Anchorage, AK 99507
907.222.0200 or 1.800.818.9392
www.imagingak.com

Please see the back of this form:

PATIENT INSTRUCTIONS

DIRECTIONS TO OUR OFFICE LOCATIONS

Mat-Su Valley
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