

# Alaska Open Imaging Center

## Imaging Services Request

PATIENT'S LAST NAME		FIRST NAME		MI	DATE OF BIRTH	GENDER	PREGNANT?
HOME PHONE	WORK PHONE	CELL PHONE		PATIENT'S INSURANCE			
REFERRING PROVIDER		PROVIDER'S SIGNATURE			EXAM DATE	EXAM TIME	
SIGNS AND SYMPTOMS INDICATING MEDICAL NECESSITY							

REPORTING INSTRUCTIONS:	PHONE NUMBER	FAX NUMBER		
Routine	Preliminary Report	Preliminary Report-Patient Waiting	Patient to Return with Films/CD	Other _____

MRI	available in:	Wasilla	Anchorage	Soldotna
<input type="checkbox"/> Brain w/o contrast	<input type="checkbox"/> Brain w & w/o contrast	<input type="checkbox"/> Brain w/IACs	<input type="checkbox"/> Brain w/IACs	<input type="checkbox"/> MRA Brain
<input type="checkbox"/> Hip	<input type="checkbox"/> Hip Arthrogram	<input type="checkbox"/> MRA Extremity-Runoff	<input type="checkbox"/> MRA Extremity-Runoff	<input type="checkbox"/> MRA Carotids
<input type="checkbox"/> Pelvis	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Liver	<input type="checkbox"/> Liver	<input type="checkbox"/> MRA Soft Tissue Neck
<input type="checkbox"/> Metastatic Spine Survey	<input type="checkbox"/> C-Spine	<input type="checkbox"/> T-Spine	<input type="checkbox"/> T-Spine	<input type="checkbox"/> MRCP
<input type="checkbox"/> Shoulder: Rt Lt	<input type="checkbox"/> Shoulder Arthrogram: Rt Lt	<input type="checkbox"/> Elbow: Rt Lt	<input type="checkbox"/> Elbow: Rt Lt	<input type="checkbox"/> L-Spine Prior L-Spine surgery? No Yes When?
<input type="checkbox"/> Weight-bearing	<input type="checkbox"/> Other _____	<input type="checkbox"/> Wrist: Rt Lt	<input type="checkbox"/> Wrist: Rt Lt	<input type="checkbox"/> Knee: Rt Lt
				<input type="checkbox"/> Ankle: Rt Lt

Notify scheduler if patient has cardiac pacemaker/defibrillator, aneurysm clips, neurostimulator, inner ear implants. Also if patient is claustrophobic, pregnant or nursing.

CT	available in:	Wasilla	Anchorage
Creatinine _____ Drawn _____ (within 3 months)	<input type="checkbox"/> Head/Brain	<input type="checkbox"/> Iodine Allergy? Yes No	<input type="checkbox"/> Patient taking Glucophage/Glucotrol? Yes No
<input type="checkbox"/> Chest	<input type="checkbox"/> CTA Brain	<input type="checkbox"/> Sinuses Limited	<input type="checkbox"/> Sinuses Complete
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> High Res Chest	<input type="checkbox"/> Chest for PE	<input type="checkbox"/> Abdomen
<input type="checkbox"/> CTA Abdomen	<input type="checkbox"/> C Spine	<input type="checkbox"/> T Spine	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Cardiac Scoring	<input type="checkbox"/> CTA Extremity-Runoff	<input type="checkbox"/> Upper Extremity _____	<input type="checkbox"/> L Spine
<input type="checkbox"/> Other _____	<input type="checkbox"/> Virtual Colonoscopy	<input type="checkbox"/> 3D Reformat	<input type="checkbox"/> Lower Extremity _____
			<input type="checkbox"/> CT Lung Screening
			<input type="checkbox"/> CT Stone Study

Ultrasound	available in:	Wasilla	Anchorage
<input type="checkbox"/> Abdomen (Gallbladder, Liver, Pancreas, Spleen, Kidneys, Aorta)	<input type="checkbox"/> Aorta/Iliac Doppler (AAA, Abdominal Bruit)	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Renal/Bladder	<input type="checkbox"/> Renal Artery Doppler	<input type="checkbox"/> Testicular	<input type="checkbox"/> Testicular
<input type="checkbox"/> Pelvic-Non Ob (Uterus, Ovaries)	<input type="checkbox"/> Mesenteric Arterial Doppler	<input type="checkbox"/> Breast (provide mammogram films if available)	<input type="checkbox"/> Breast (provide mammogram films if available)
<input type="checkbox"/> Transvaginal (if Needed)	<input type="checkbox"/> Porto-Hepatic Doppler	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Ob/Pregnancy: EDC _____ LMP _____	<input type="checkbox"/> Carotid Doppler	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Non-invasive Lower Extremity Arterial Exam (ABI's, Segmental Pressures)	<input type="checkbox"/> Venous Doppler		
<input type="checkbox"/> Non-invasive Upper Extremity Arterial Exam	<input type="checkbox"/> Adult Echocardiogram		

Nuclear Medicine	available in:	Wasilla
<input type="checkbox"/> Bone Scan	<input type="checkbox"/> 3-Phase Bone Scan	<input type="checkbox"/> Limited Bone Scan
<input type="checkbox"/> Breast Tumor	<input type="checkbox"/> Lymphoscintigrams	<input type="checkbox"/> Lung Vent/Perfusion
<input type="checkbox"/> Gallium Scan	<input type="checkbox"/> Gallium SPECT	<input type="checkbox"/> White Blood Cell Bone
<input type="checkbox"/> HIDA with EF	<input type="checkbox"/> HIDA without EF	<input type="checkbox"/> White Blood Cell Body
<input type="checkbox"/> Renal with Lasix	<input type="checkbox"/> Renal with Captopril	<input type="checkbox"/> Gastric Emptying
<input type="checkbox"/> Thyroid I-123 Uptake & Scan	<input type="checkbox"/> Thyroid Tc99m Scan Only	<input type="checkbox"/> Renal MAG-3
<input type="checkbox"/> MUGA	<input type="checkbox"/> Rest Thallium (Viability)	<input type="checkbox"/> Parathyroid
<input type="checkbox"/> Myocardial Perfusion Rest/Stress Cardiolite: (circle type)	<input type="checkbox"/> Cisternogram	<input type="checkbox"/> Whole Body I-131
<input type="checkbox"/> Other _____	Treadmill	<input type="checkbox"/> Brain SPECT
	Adenosine	Persantine

PET	available in:	Anchorage
<input type="checkbox"/> Please contact Alaska Open Imaging Center for PET referral form.		

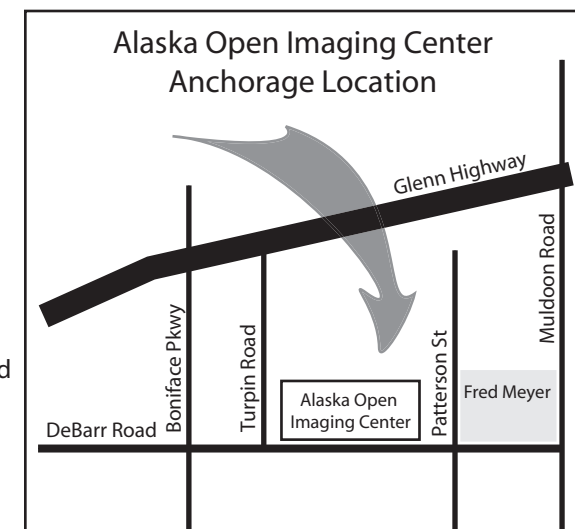
Digital X-Ray	available in:	Wasilla	Soldotna
<input type="checkbox"/> PA Chest	<input type="checkbox"/> PA/LAT Chest	<input type="checkbox"/> Chest Obliques	<input type="checkbox"/> Ribs Right
<input type="checkbox"/> KUB	<input type="checkbox"/> Flat/Upright Abdomen	<input type="checkbox"/> Acute Abdomen	<input type="checkbox"/> Ribs Left
<input type="checkbox"/> C-Spine: Limited Complete	<input type="checkbox"/> T-Spine: Limited Complete	<input type="checkbox"/> L-Spine: Limited Complete	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Finger: Rt # views _____ Lt # views _____ Indicate Finger _____			<input type="checkbox"/> Coccyx/Sacrum
<input type="checkbox"/> Hand: Rt # views _____ Lt # views _____			<input type="checkbox"/> Sinus Series
<input type="checkbox"/> Elbow: Rt # views _____ Lt # views _____	<input type="checkbox"/> Wrist: Rt # views _____ Lt # views _____	<input type="checkbox"/> Forearm: Rt # views _____ Lt # views _____	<input type="checkbox"/> Skull/Facial Bones
<input type="checkbox"/> Foot: Rt # views _____ Lt # views _____	<input type="checkbox"/> Humerus: Rt # views _____ Lt # views _____	<input type="checkbox"/> Shoulder: Rt # views _____ Lt # views _____	
<input type="checkbox"/> Knee: Rt # views _____ Lt # views _____	<input type="checkbox"/> Ankle: Rt # views _____ Lt # views _____	<input type="checkbox"/> Tib/Fib: Rt # views _____ Lt # views _____	
<input type="checkbox"/> Hip: Rt # views _____ Lt # views _____	<input type="checkbox"/> Femur: Rt # views _____ Lt # views _____		
<input type="checkbox"/> Tomograms: Indicate Area _____			
<input type="checkbox"/> Other _____			

Bone Density	available in:	Wasilla	Soldotna
<input type="checkbox"/> DEXA	<input type="checkbox"/> Body Fat Analysis		

**Anchorage Location**  
6911 DeBarr Road  
Anchorage, AK 99504

(907) 330-1220  
(907) 330-1222 fax

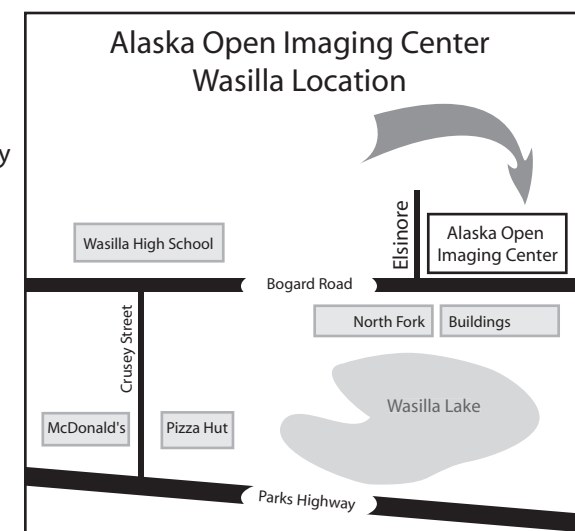
Our Anchorage office is conveniently located between Turpin and Patterson.



**Wasilla Location**  
1751 East Gardner Way  
Wasilla, AK 99654

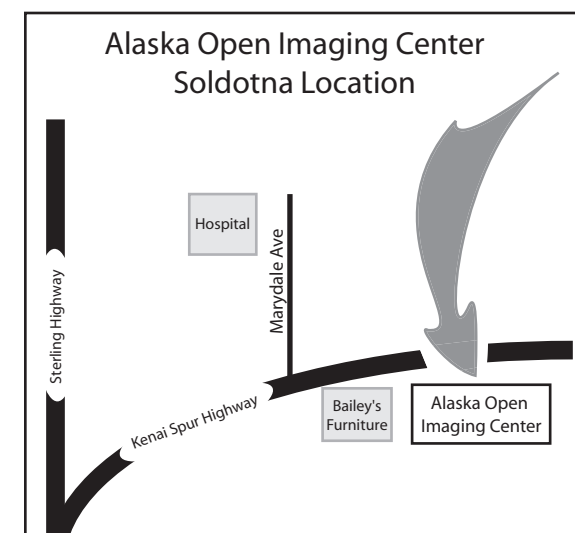
(907) 357-1220  
(907) 357-1222 fax

Our Wasilla office is centrally located just off Bogard Road, less than one mile east of Wasilla High School.



**Soldotna Location**  
35670 Kenai Spur Hwy.  
Suite 104  
Soldotna, AK 99669

(907) 260-6501  
(907) 260-6502 fax



### CT Exam Preps

Abdominal/Pelvis CT  
Nothing to eat or drink after midnight. Oral contrast per instructions on bottle except for kidney stones, appendix or pancreas.

Head/Brain Orbits, Sella, Post Fossa, IAC,  
Soft Tissue Neck, Chest: NPO 4 hours

### Ultrasound Preps

Abdominal: Nothing to eat 8 hours prior to exam. Patient may drink water only.

Renal: Nothing to eat 8 hours prior to exam. Drink 24 to 32 oz. of water 30 minutes prior to exam.

Abdominal Doppler: Nothing to eat 12 hours prior to exam. Patient may drink water only.

Pelvic/OB/Transvaginal: Drink 24 - 32 oz. of water 45 minutes prior to exam.

Carotid Doppler, Upper and Lower Extremity Arterial, Adult Echocardiogram: no caffeine or other stimulant 1 hour prior to exam.

Fasting patients who are taking medications can take them with a small amount of water prior to the exam.

### Nuclear Medicine Preps

Myocardial Perfusion: A.M. appointments - NPO after midnight including medications. P.M. appointments - NPO 4 hours prior to exam including medications. If Adenosine: no caffeine the day before or day of the exam.

Renal: Drink 24 oz. of water 1 hour before exam.

Whole Body I-131: No thyroid medications for 6 weeks before exam. No CT or IVP contrast 6 weeks before exam. Low iodine diet one week before exam.

White Blood Cell: Patient must be well-hydrated.

HIDA Scan  
No sulphates or morphine products. A.M. appointments: NPO after midnight including medications. P.M. appointments: NPO including medications 4 hours prior to exam.

I-123 Thyroid Uptake and Scan: No seafood 2 days before exam. No thyroid medications 6 weeks before exam. No CT or IVP contrast 6 weeks before exam.

Gastric Emptying: No sulphates or morphine products. NPO for 12 hours before exam. Patient will be fed a snack at the time of the exam.