

911 Meals Avenue, Valdez, AK 99686

Scheduling Phone: (907) 835-2249

Scheduling Fax: (907) 834-1890

**PATIENT INFORMATION**

PATIENT LAST NAME (REQUIRED)		FIRST	M	DATE OF BIRTH (REQUIRED)	TODAY'S DATE (REQUIRED):
ORDERING CLINICIAN (REQUIRED)			CLINICIAN SIGNATURE (REQUIRED-NO STAMPS)		CLINICIAN PHONE/FAX
SEND ADDITIONAL COPIES OF REPORT TO:			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PREGNANT? YES <input type="checkbox"/> NO	ROUTINE <input type="checkbox"/> STAT <input type="checkbox"/>
DECISION SUPPORT	VENDOR (G CODE)	ADHERENCE CODE (M MODIFIER)		ID	SCORE
PATIENT HISTORY/SYMPTOMS:					ICD-10 CODE:

**X-RAY**

Routine exams will be performed unless specific views are written in the additional views section below. (A list of additional views can be found on the reverse of this sheet)

- |  |  |
|--|--|
| <input type="checkbox"/> Chest PA ONLY   | <input type="checkbox"/> Cervical Spine      |
| <input type="checkbox"/> Chest PA & Lateral  | <input type="checkbox"/> Thoracic Spine      |
| <input type="checkbox"/> Rib Series <input type="checkbox"/> Right <input type="checkbox"/> Left | <input type="checkbox"/> Lumbar Spine        |
| <input type="checkbox"/> Abdomen (KUB) 1 view  | <input type="checkbox"/> Thoracolumbar Spine |
| <input type="checkbox"/> Abdomen Upright & Supine  | <input type="checkbox"/> Sinus               |
| <input type="checkbox"/> Soft Tissue Neck  | <input type="checkbox"/> Skull               |
| <input type="checkbox"/> Bone Density Study (DEXA)   | <input type="checkbox"/> Facial Bones: _____ |

- EXTREMITY: \_\_\_\_\_  
 Right  Left  Weight Bearing

- OTHER X-RAY: \_\_\_\_\_

- ADDITIONAL VIEWS: \_\_\_\_\_

**CT**

- IV Contrast  No IV Contrast  W/ & W/O IV Contrast  
 Oral Contrast

- |  |   |
|--|---|
| <input type="checkbox"/> Head              | <input type="checkbox"/> Chest                            |
| <input type="checkbox"/> Soft Tissue Neck  | <input type="checkbox"/> Angiogram Pulmonary (PE Study)   |
| <input type="checkbox"/> Abdomen/Pelvis    | <input type="checkbox"/> Aortogram (Chest/Abdomen/Pelvis) |
| <input type="checkbox"/> Renal Stone Study | <input type="checkbox"/> Sinus                            |
| <input type="checkbox"/> IVP (urogram)     | <input type="checkbox"/> Maxillofacial Bones              |
| <input type="checkbox"/> Abdomen only      | <b>Comments:</b> _____                                    |

- Pelvis only
- C-Spine  T-spine  L-Spine
- Extremity: \_\_\_\_\_  
 Right  Left

**BUN/CREATININE PROTOCOL**

Patients 50+ years or with prior renal history must have BUN/Creatinine lab values NO LONGER than 30 days out. Labs that are older than 30 days must be redrawn before test can be completed.

- Draw BUN/CREATININE

**ULTRASOUND**

- Abdomen Comp. (GB, Liver, Spleen, Kidneys, aorta)
- Abdomen Ltd. (single quadrant/organ, follow-up)
- Chest
- Pelvic w/ transvaginal (32 oz. water full bladder)
- Pelvic transabdominal (only) (32 oz. water full bladder)
- Renal/Bladder (full bladder)
- Testicular/Scrotum
- Thyroid  Thyroid FNA
- Infant Hips

**OBSTETRICS**

- OB <14 weeks (32 oz. water full bladder)
- OB ≥14 weeks
- OB Follow-up
- OB Transvaginal
- Biophysical Profile  W/NST  W/O NST

**VASCULAR**

- Abdominal Duplex
- Arterial Doppler Legs  Right  Left
- Arterial Doppler Arms  Right  Left
- Carotid duplex
- Venous Doppler Legs  Right  Left
- Venous Doppler Arms  Right  Left

**MRI**

- Shoulder W/O Contrast  Right  Left
- Hip W/O Contrast  Right  Left
- Knee W/O Contrast  Right  Left
- Foot W/O Contrast  Right  Left
- Ankle W/O Contrast  Right  Left
- Brain W/O Contrast
- Brain W/VO Contrast
- C-Spine W/O Contrast
- T-Spine W/O Contrast
- L-Spine W/O Contrast

PLACE STICKER HERE

Approved by Med Staff: 3/26/18

REVISED: 7/28/21