

**REPORTING INSTRUCTIONS:**

- Patient to return with CD
- STAT Fax Report to Clinician Fax# below
- STAT CALL Report - phone#** \_\_\_\_\_

PATIENT LAST NAME (REQUIRED)		FIRST	M	DATE OF BIRTH (REQUIRED)	HOME PHONE	CELL PHONE
ORDERING CLINICIAN (REQUIRED)	OFFICE LOCATION (if multiple)	CLINICIAN SIGNATURE (REQUIRED - NO STAMPS)			CLINICIAN PHONE	CLINICIAN FAX
SEND ADDITIONAL COPIES OF REPORT TO:					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
Clinical terms / history / symptoms: include specificity requirements, i.e. laterality, location, underlying disease, etc. that support ICD-10 codes (REQUIRED):				ICD-10 codes that support clinical terms / history / symptoms (REQUIRED):		
DECISION SUPPORT	VENDOR (G CODE)	ADHERENCE CODE (M MODIFIER)		ID	SCORE	

- CT**
- Contrast at Radiologist Discretion  
 IV Contrast  No IV Contrast  
 BUN/Creat. \_\_\_\_\_ Collect. Date: \_\_\_\_\_  
 [Age 60+ or Prior Renal History]
- Head  Abdomen  
 Neck  Pelvis  
 Chest  Abdomen and Pelvis  
 PE Study - ANCH ONLY  Renal Stone Study  
 Chest Hi-Res  CT IVP (urogram)  
 (Interstitial lung disease)  CT Enterography  
 Maxillofacial (small bowel)
- Lung CA Screening - **Special order form required.**  
 Download form at provimaging.com/forms
- Sinus  Orbits  
 IACs / Temporal Bone / Pituitary  
 C-Spine  T-Spine  L-Spine  
 Extremity \_\_\_\_\_

- CT Angiogram**
- Carotids  Intracranial / Circle of Willis  
 Thoracic Angiogram (thoracic aorta/aneurysm or dissection)  
 Renal Angio  ABD/Pelvic Angio (for AAA)  
 ABD Aortogram & Lower Extremity Runoff  
 Other \_\_\_\_\_

**ULTRASOUND**

- Abdominal (GB, Liver, Panc., Spleen, Kidneys, Aorta) (NPO 8 hrs)  
 Abdominal Lmtd. (single quadrant, single organ, follow-up) (NPO 8 hrs)  
 Liver Elastography  
 Aorta Complete (NPO 8 hrs)  
 Aorta Limited (screening) (NPO 8 hrs)  
 Hernia  
 Pelvic w/Transvaginal (32 oz. water full bladder)  
 Transvaginal (only)  
 Pelvic Transabdominal (only) (32 oz. water full bladder)  
 Renal/Bladder (full bladder)  
 Testicular/Scrotum  
 Thyroid  Thyroid FNA  
 Obstetric (32 oz. water full bladder) - LMP \_\_\_\_\_  
 Hystersonogram - LMP \_\_\_\_\_  
 Infant Hips  Infant Spine

**Vascular**

- Abdominal Duplex (NPO 8 hrs)  
 Aorta/Iliac Duplex  
 Ankle Brachial Index (ABIs)  
 (Segmental, Exercise, PRN)  
 Arterial Doppler Legs R  L   
 Carotid Duplex  
 Mesenteric / Celiac (NPO 8 hrs)  
 Renal Arteries (NPO 8 hrs)  
 Transplant  Renal  Liver  
 Venous Doppler Legs R  L   
 Venous Doppler Arms R  L   
 Vein Mapping Arms R  L   
 Other \_\_\_\_\_

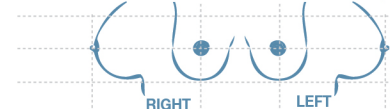
**BREAST**

- Digital Mammography** Right Left  
 Screening  
 Diagnostic Bilateral Mammogram\*  
 Diagnostic Unilateral Mammogram\*    
**Patients 29 or Younger**  
 Diagnostic Mammogram, if needed    
**Ultrasound**  
 Breast Ultrasound\*  if needed    
**Breast MRI**  
 Special order form required; call 212-2879.

- Biopsy, Ductogram, Aspiration\*** Right Left  
 Breast Ultrasound Biopsy    
 Breast Ultrasound Aspiration    
 Stereotactic Biopsy / Tomo Biopsy    
 Ductogram

Other \_\_\_\_\_

\* Indicate location of abnormality



**MRI**

- Contrast at Radiologist Discretion  
 No IV Contrast  
 With & Without IV Contrast
- Neurologic/Spine**
- Brain  CSF Flow Study  
 Orbits  Internal Auditory Canal  
 Pituitary  
 Cranial Nerve  
 Stealth/STRS Brain  
 Metastatic Spine Survey  
 Soft Tissue Neck  
 Brachial Plexus R  L   
 C-Spine  T-Spine  L-Spine\*  
 Reason (check one):  Disc  Infection  
 MS  Mets  
 \*History of prior lumbar surgery? Yes  No

**Musculoskeletal**

- Right Left  
 Shoulder  with Arthrogram    
 Wrist  with Arthrogram    
 Hip  with Arthrogram    
 Knee  with Arthrogram    
 Ankle     
 Foot     
 Hand     
 Bone Marrow Survey

**Body**

- Breast - **Special order form required. Call 212-2879.**  
 Abdominal/Pelvic Survey  
 Bony Pelvis  Female Pelvis  
 Liver - multiphase  Prostate  
 MRCP  Sacrum / Coccyx  
 Renal  Adrenal  Pancreas  
 Abdominal Enterography  
**MR Angiogram**  
 Carotids (from aortic arch to Circle of Willis)  
 Intracranial / Circle of Willis  MRV  
 Renal MRA  
 Abdominal Aortogram & Lower Extremity Runoff  
 Other \_\_\_\_\_

**PET-CT**

Special order form required; call 212-2879.

**BONE DENSITOMETRY**

- DXA L-Spine & Hip  DXA with IVA  
 Body Fat Analysis  DXA Forearm

**DIAGNOSTIC RADIOLOGY**

- PLEASE SCHEDULE IN ADVANCE -  
**Gastrointestinal - WALK-IN APPT. NOT AVAILABLE -**  
 Esophagram  Upper GI  
 Small Bowel Series  Barium Enema  
 Barium Enema Air Contrast  HSG  
 Water-Soluble Enema

**DIAGNOSTIC RADIOLOGY**

- WALK-IN APPOINTMENTS AVAILABLE -  
 Sinus Series  Skull  Orbits  
 Sinus/Waters only  Facial Bones  
 Chest  
 Abdomen (KUB)  Ribs  
 Soft Tissue Neck  Sitzmark Study

**Spine**

- 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"/> Standing Knees AP | <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"/> Clavicle          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SI Joints         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pelvis            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____       |                          |                          |

- Phone hours: M–F, 7 a.m. – 5:30 p.m.
- For additional prep information, go to [www.provimaging.com/prep](http://www.provimaging.com/prep)

# Patient Instructions

- Medications should be taken and where fasting is required, a small amount of water may be taken to swallow pills.

## Diagnostic Radiology

Procedure	Patient Instructions
<input type="checkbox"/> Barium Swallow	Nothing to eat or drink (including water) after midnight the evening before.
<input type="checkbox"/> Upper GI	
<input type="checkbox"/> Small Bowel Series* *SB may take 2 to 4 hours or more.	
<input type="checkbox"/> Barium Enema	You will need to pick up a BE prep kit.
<input type="checkbox"/> Barium Enema with Air Contrast	Follow the instructions included inside.

All other general radiology exams require no prep.

## PET-CT

Special diet needed for oncology patients, please call (907) 212-2879 for instructions, or download at [provimaging.com/forms](http://provimaging.com/forms)

## CT Scan

Procedure	Patient Instructions
<input type="checkbox"/> CT Abdomen	Do not eat or drink (except water) anything four (4) hours prior to exam. Thirty (30) minutes before exam, drink one (1) bottle of oral CT contrast.
<input type="checkbox"/> CT Abdomen/Pelvis <i>prior to 11 a.m.</i>	At 9 p.m. the evening before exam, drink one (1) bottle 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 (except water) anything other than the oral CT contrast. Thirty (30) minutes before exam, drink the second bottle of oral CT contrast.
<input type="checkbox"/> CT Abdomen/Pelvis <i>after 11 a.m.</i>	Drink one (1) bottle of oral CT contrast four (4) hours prior to exam. Nothing to eat or drink (except water) after the first bottle of oral CT contrast. Thirty (30) minutes before exam, drink the second bottle of oral CT contrast.
<input type="checkbox"/> CT Enterography	Do not eat or drink (except water) four (4) hours prior to exam. Your prep will be given to you by the technologist when you arrive.

## Ultrasound

No patient preparation is necessary for breast, carotid Doppler, cranial, testicular, renal transplant, venous Doppler, ABIs, and vein mapping studies.

**Fasting patient preparation:** Fasting exams include abdomen, aorta, liver transplant, vascular screening, and abdominal Doppler studies. Do not drink (including water), smoke or chew gum for 8 hours prior to the exam. Please take your medicines with a small sip of water.

**Water patient preparation:** Drink plenty of clear liquids the day prior to the exam. Arrive with a full bladder. For a renal ultrasound finish drinking 24 oz. of water 30 minutes prior to the exam and do not urinate until after the test. For a pelvic or OB exam complete drinking 32 oz. of water one hour prior to the exam and do not urinate until after the exam.

## 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 one week prior to exam.

## Digital Mammography

No deodorant, powder or lotion. Mobile screening mammography is also available.

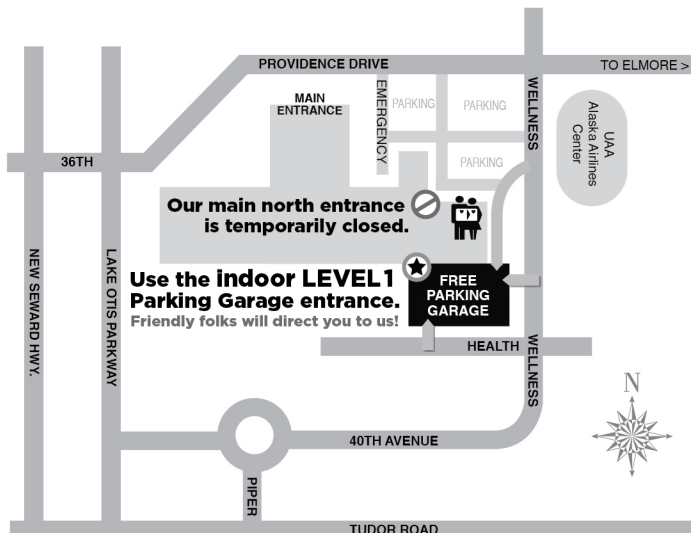
## MRI

Patients will be asked to remove all metal from their person (i.e. earrings, watches, bobby pins, barrettes, cell phones, etc.) and credit cards. Lockers are provided. Patients will be required to change into provided gown and pants prior to MRI examination.

For MRCP, MRIs of the liver, and MR Enterography, 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.

## Directions to Providence Imaging Center



**3340 Providence Drive**  
**Anchorage AK 99508**  
**(907) 212-3151**

- Patients checking in prior to 7:00 am for a 7:00 am procedure, please use the Emergency Room Entrance.
- Convenient parking is available in the free parking garage, at the corner of Wellness St. and Health Drive.
- Handicap parking is conveniently located on Level 1 of the parking garage, along the wall just past the door.
- This is a wheelchair accessible entrance, and assistance is available for patients with special needs.

*Providence Imaging Center is an independent diagnostic testing facility located at 3340 Providence Drive on the Providence Alaska Medical Center campus. Breast procedures are performed under arrangement with Providence Alaska Medical Center.*