



VALLEY Imaging Center

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TODAY'S DATE: ____ - ____ - ____ EXAM DATE: ____ - ____ - ____

SCHEDULING INSTRUCTIONS

- Routine
- Within 48 hours
- Within 24 hours
- Urgent
- Call Patient
- Patient to Schedule

REPORTING INSTRUCTIONS

- Routine Report
- Call Report Call report, patient wait
- Phone _____
- Fax _____
- Patient to return with CD
- Other _____

PATIENT'S LAST NAME	FIRST	MIDDLE	PATIENT'S PHONE NUMBER	DATE OF BIRTH
ORDERING CLINICIAN			CLINICIAN SIGNATURE	
CC REPORT TO			INSURANCE (optional)	
CLINICAL DATA INDICATING MEDICAL NECESSITY				

IV OR INTRAARTICULAR CONTRAST AS CLINICALLY INDICATED BY RADIOLOGIST OR NO IV CONTRAST

MRI

- OPEN MRI HIGHFIELD
 With Flexion/Extension views
- CERVICAL 72141
- Weight Bearing (upright MRI)
- THORACIC 72146
- Weight Bearing (upright MRI)
- LUMBAR 72148
- Weight Bearing (upright MRI)
- SCOLIOSIS (upright MRI only)
- HEAD
 - Brain w & w/o
 - IAC Pituitary
 - Orbits TMJ
 - MRA Specify _____
 - Other _____

- ### UPPER EXTREMITIES
- Arthrogram
 - Shoulder Right Left
 - Elbow Right Left
 - Wrist Right Left
 - Hand Right Left
 - Finger Right Left
 - Other _____

- ### LOWER EXTREMITIES
- Arthrogram
 - Hip Right Left
 - Knee Right Left
 - Ankle/Foot Right Left
 - Other _____

- ### PELVIS
- Seated (Upright MRI; recumbent for comparison)
 - Recumbent only
 - Other _____

- ### BODY
- Abdomen Soft Tissue Neck
 - Liver Other _____

ULTRASOUND

- Abdominal (GB, Liver, Panc, Spleen, Kidneys, Aorta) (NPO 8 Hours)
- Abdominal Limited
- Renal/Bladder (Full Bladder)
- Pelvic w/TV (Full Bladder)
- Testicular
- Breast
- Musculoskeletal
- Thyroid
- Thyroid FNA and/or Biopsy
- Liver Biopsy
- Aorta
- Venous Duplex Legs Right Left
- Venous Duplex Arms Right Left
- Arterial Duplex Legs Right Left
- Varicose Vein Reflux Right Left
- Ankle Brachial Index
- Carotid
- Renal Artery
- Mesenteric
- Portal/Hepatic
- Other _____
- ECHOCARDIOGRAM
- LIVER ELASTOGRAPHY (ARFI) (See separate form)
- VASCULAR SCREENING

CT SCAN

- Head/Brain
- Neck
- Chest w/CAD
- PE Study
- CT IVP (urogram)
- Abdomen
- Renal Stone Study
- Pelvis
- Abdomen & Pelvis
- CT Enterography (small bowel)
- Maxillofacial
- Lung CA Screening
- Sinus
- Navigational Fusion
- IAC's / Temporal Bone / Pituitary
- C-Spine
- T-Spine
- L-Spine
- CT Myelogram
- Coronary Calcium score
- Other _____

CT ANGIOGRAM

- Carotids (aortic arch to Circle of Willis)
- Intracranial Circle of Willis
- Thoracic Angiogram (thoracic aortic aneurysm or dissection)
- Renal Angio
- ABD / Pelvic Angio (for AAA)
- ABD Aortogram & Lower Extremity Runoff
- Other _____

X-Ray

- | | | | | | | | | | |
|--|--|-----------------------------------|---------------|--------------------------|--------------------------|--|---------------|--------------------------|--------------------------|
| <input type="checkbox"/> Sinus Series | Spine | Extremity | #Views | Right | Left | | #Views | Right | Left |
| <input type="checkbox"/> Sinus/Waters only | <input type="checkbox"/> Cervical | <input type="checkbox"/> Hand | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Toes | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Abdomen (KUB) | <input type="checkbox"/> Lumbar | <input type="checkbox"/> Finger | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Ankle | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Skull | <input type="checkbox"/> Thoracic | <input type="checkbox"/> Wrist | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Knee | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Facial Bones | <input type="checkbox"/> Cervical Flex & Ext | <input type="checkbox"/> Forearm | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Standing Knees AP | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Chest _____ | <input type="checkbox"/> Lumbar Flex & Ext | <input type="checkbox"/> Elbow | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Tib-Fib | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> SI Joints | <input type="checkbox"/> Humerus | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Femur | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> Shoulder | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Hip | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> Other _____ | | | |



PATIENT INSTRUCTIONS

EXAM-SPECIFIC INSTRUCTIONS

PRESCRIPTION MEDICATION	<ul style="list-style-type: none"> You may take your prescription medications as directed
MRIs REQUIRING I.V. CONTRAST	<ul style="list-style-type: none"> Patients who are over 60 years old, diabetic, and/or have kidney problems may need laboratory tests 48 hours prior to their exam
MRI – MRCP, ABDOMEN OR RENAL MRAs, ABDOMEN, LIVER, OR PELVIS MRIs LIVER, OR PELVIS MRIs	<ul style="list-style-type: none"> Nothing to eat or drink (including water) four hours prior to exam. Patients who are 60 and older, diabetic or with nephrosis require BUN Creatinine labs within 30 days-current
ULTRASOUND – BREAST BIOPSY	<ul style="list-style-type: none"> Not Required
ULTRASOUND – THYROID BIOPSY	<ul style="list-style-type: none"> Not Required
ULTRASOUND – ABDOMEN	<ul style="list-style-type: none"> Nothing to eat or drink (including water) after midnight the evening prior
ULTRASOUND – PELVIS/OB	<ul style="list-style-type: none"> Two hours prior to exam drink 32 oz. of water DO NOT urinate until after the exam
ULTRASOUND – RENAL	<ul style="list-style-type: none"> The day prior to the exam drink plenty of water Drink 24 oz. of water one to two hours before and finish 30 minutes prior to the exam DO NOT urinate until after the exam
ECHOCARDIOGRAM	<ul style="list-style-type: none"> No stimulants such as coffee or energy drinks the day of the exam
LIVER ELASTOGRAPHY (ARFI)	<ul style="list-style-type: none"> Nothing to eat or drink (including water) after midnight the evening prior
CT - ABDOMEN/PELVIS	<ul style="list-style-type: none"> Nothing to eat or drink (except water) four hour prior to exam
CT - ABDOMEN AND/OR PELVIS	<ul style="list-style-type: none"> Six hours prior to exam drink 24 oz. of water One hour prior to exam drink 16 oz. of water Upon arrival to appointment drink 16 oz. of water Patients 60 and older, diabetic or with nephrosis require BUN Creatinine lab within 30 day-current
CT - LIVER BIOPSY	<ul style="list-style-type: none"> Nothing to eat or drink four hours prior to exam. Will need to arrange for a driver after the exam. PT/PTT labs required.

GENERAL INSTRUCTIONS

- 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.
- Please call 907.373.3700 prior to your scheduled appointment date to pre-register.

