



NORTHERN LIGHTS IMAGING

2110 E Northern Lights Blvd
Anchorage, AK 99508
P 907-644-2997
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INSTRUCTIONS:

- Routine
Urgent
Call Report, patient wait

Phone _____

Fax _____

TODAY'S DATE: ____ - ____ - ____

Form with fields: PATIENT'S LAST NAME, FIRST, MIDDLE INITIAL, PATIENT'S PHONE NUMBER, DATE OF BIRTH, ORDERING CLINICIAN, CLINICIAN SIGNATURE, SEND REPORT COPY TO, REASON FOR STUDY, INSURANCE Group #/Identification #, Chart Notes & Demographic Info

MRI

- CONTRAST AT RADIOLOGIST DISCRETION
WITH IV CONTRAST
ARTHROGRAM
NO IV CONTRAST

- CERVICAL
THORACIC
LUMBAR
METASTATIC SPINE SURVEY W/GAD
SACRUM/S.I. JOINTS
BRACHIAL PLEXUS

HEAD

- Brain
Pituitary w/contrast
IAC w/contrast
TMJ
Orbits w/gad
MRA-Circle of Willis
MRA-Carotids w/contrast

Other _____

- SEIZURE W/CONTRAST

- Shoulder
Elbow
Wrist
Hand
Finger
Humerus
Forearm

UPPER EXTREMITIES

- Right Left
Right Left
Right Left
Right Left
Right Left
Right Left

LOWER EXTREMITIES

- Hip
Knee
Ankle
Foot
Femur
Tib/Fib
Right Left
Right Left
Right Left
Right Left
Right Left
Right Left

BODY

- Abdomen
Liver
Kidneys
Soft Tissue Neck
Pelvis
Renal MRA w/gad
Adrenals
MRCP
Pancreas

ULTRASOUND

- Echocardiogram
Abdominal Limited (GB, Liver, Pancreas, Aorta, RT Kidney) (NPO for 8 hours)
Abdominal Complete (ABD LTD+Spleen and LT Kidney) (NPO for 8 hours)
Renal/Bladder (Full Bladder)
Renal Artery Duplex
Pelvic w/TV (Full Bladder)
Testicular
Musculoskeletal
Thyroid
Thyroid FNA
Aorta Duplex
Venous Duplex Leg: Right Left
Venous Duplex Arm: Right Left
Arterial Duplex Leg: Right Left
Arterial Duplex Arm: Right Left
Carotid
OB, First Trimester w/TV
OB, 2-3 Trimester Other

CT SCAN

- CONTRAST AT RADIOLOGIST DISCRETION
NO IV CONTRAST
WITH IV CONTRAST

- Head/Brain
Orbits
Maxillofacial
Sinus
IAC's/ Temporal Bone / Mastoids
Soft Tissue Neck
C-Spine
T-Spine
L-Spine
Chest
Chest High Resolution
Chest Low Dose Screening
Must Meet Criteria

- Renal Stone Study
IVP (urogram)
Abdomen Pelvis
Abdomen
Multi-phase Liver
Multi-phase Kidney
Multi-phase Pancreas
Pelvis
Upper Extremity
Lower Extremity

- CTA Head
CTA Neck (Carotids)
CTA Chest (PE Protocol)
CTA Chest
CTA Abd/Pelvis (AAA)
CTA Abd With Lower Extremity Runoff

Other _____

SPECIAL PROCEDURES

- Epidural*
Nerve Root Block*
Facet Injection*
SI Joint*
Joint Injection
R L
Level
Level
Level

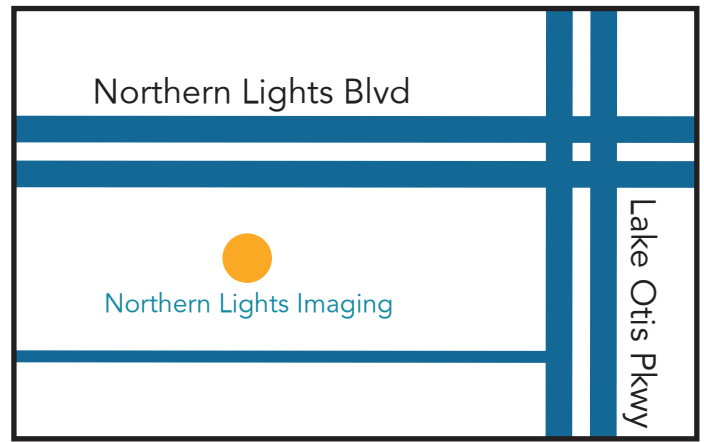
*Driver needed for Patient

X-Ray

Table with columns: Spine, Flex & Ext., Oblqs., Upper Extremity, #Views, Right, Left, Lower Extremity, #Views, Right, Left, and various X-ray options like Cervical, Thoracic, Lumbar, Pelvis, SI Joints, Sacrum/Coccyx, Finger, Hand, Wrist, Forearm, Elbow, Humerus, Shoulder, Clavicle, Toe, Foot, Calcaneus, Ankle, Tib-Fib, Knee, Femur, Hip, Abdomen (KUB), Abdomen Flat/Upright, Acute Abd Series, Skull Series, Sinus Series, Facial Bones, Rib Series, Chest 2V, Other.



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PATIENT INSTRUCTIONS

EXAM-SPECIFIC INSTRUCTIONS

MRI – MRCP. ABDOMEN OR RENAL

- Nothing to eat or drink (including water) four hours prior to exam. (MRAs, ABDOMEN, LIVER, OR PELVIS MRIs)

ULTRASOUND - ABDOMEN

- Nothing to eat or drink (including water) after midnight the evening prior. Bring medication with you to take after exam.

ULTRASOUND - PELVIS/OB

- Drink 32 oz, of water one to two hours before and finish 30 minutes prior to the exam
- DO NOT urinate until after the exam

ULTRASOUND - RENAL

- 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

SPECIAL PROCEDURES

- Driver needed for any spinal injections

GENERAL INSTRUCTIONS

- Patients will be asked to remove all metal from their person (i.e., earrings, watches, bobby pins, diabetic monitoring devices, etc.) and credit cards for all MRI exams.
- 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 907.644.2997 prior to your scheduled appointment date to pre-register.