



NORTHERN LIGHTS IMAGING

2110 E Northern Lights Blvd
Anchorage, AK 99508
P 907-644-2997
F 907-644-2998
www.nliak.com

INSTRUCTIONS:

- Phone
Fax
CC CLINICIAN

TODAY'S DATE: - -

PATIENT'S LAST NAME FIRST PATIENT'S PHONE NUMBER DATE OF BIRTH

ORDERING CLINICIAN

CLINICIAN SIGNATURE/DATE INSURANCE Group #/Identification #

REASON FOR STUDY/ICD 10

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 SEIZURE W/CONTRAST OTHER SEIZURE W/CONTRAST

CT SCAN CONTRAST AT RADIOLOGIST DISCRETION NO IV CONTRAST WITH IV CONTRAST

- Head/Brain Orbits Maxillofacial Sinus IACs / Temporal Bones / Mastoids Soft Tissue Neck C-Spine T-Spine L-Spine Chest Chest High Resolution Chest Low Dose Screening Renal Stone Study IVP (Urogram) Abdomen Pelvis Enterography 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 CTA Upper Extremity Cardiac Calcium Scoring Other

X-Ray

- Chest 1V Chest 2V Rib Series Abdomen (KUB) Abdomen Flat/Upright Sitzmark Colon Transit Test Skull Series Sinus Series Facial Bones Other Spine Cervical Thoracic Lumbar Pelvis SI Joints Sacrum/Coccyx Flex & Ext. Oblqs. Upper Extremity Finger Hand Wrist Forearm Elbow Humerus Shoulder Clavicle Right Left Lower Extremity Toe Foot Calcaneus Ankle Tib-Fib Knee Femur Hip

Breast Imaging

We provide comprehensive breast imaging services. For more information, please visit our website or call our office. Breast imaging order forms are also available online.

ULTRASOUND

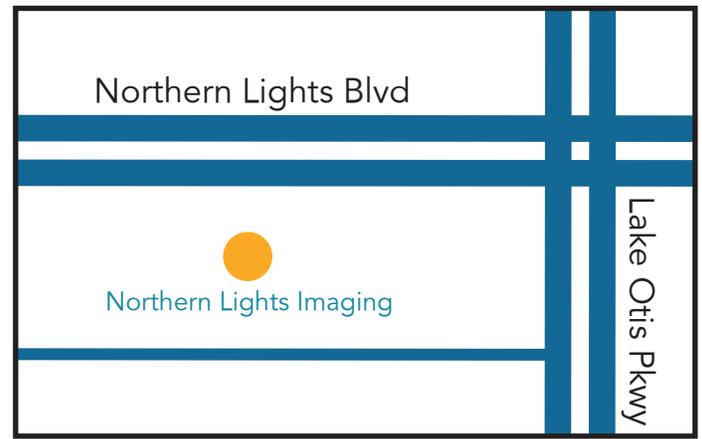
- Echocardiogram Abdominal Limited (GB, Liver, Pancreas, Aorta, RT Kidney) Abdominal Complete (ABD LTD+Spleen and LT Kidney) Renal/Bladder Renal Artery Duplex Pelvic w/TV Testicular Musculoskeletal Thyroid Thyroid FNA Aorta Duplex Venous Duplex Leg Venous Duplex Arm Arterial Duplex Leg Arterial Duplex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

SPECIAL PROCEDURES

- Epidural* Nerve Root Block* Facet Injection* SI Joint* Joint Injection R L Level Level Level Level Driver needed for Patient



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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.