

DIAGNOSTIC IMAGING ORDER FORM

2310 Peger Road, Suite 102
Fairbanks, AK 99709

SCHEDULING
(907) 459-6555

FAX REFERRAL
(907) 459-6566

Patient Name: _____ **Date of Referral:** ____/____/____

Date of Birth: ____/____/____ **Gender:** Female Male

Phone: (____) ____-____ **Diabetic** **Pregnant** **Weight:** _____

Primary Insurance: _____ **ID Number:** _____

Motor Vehicle **Workers Compensation** **Authorization #:** _____

Additional Information:
 Claustrophobia
 Sedation Disability
 Allergies: _____
 Language: _____
 Other: _____

CLINICAL INDICATORS

Reason for exam to support medical necessity. No abbreviations. No "rule outs."

ICD-10 Code(s): _____

Routine **STAT**
 Send With Patient (CD)
 Call Report: _____
 Fax Report: _____

REFERRING PROVIDER

Clinic/Location: _____ **Phone:** (____) ____-____ **Fax:** (____) ____-____

Provider Name: _____ **Provider Signature:** _____

ORIGINAL SIGNATURE REQUIRED. DO NOT USE STAMP.

MRI **WITH & WITHOUT CONTRAST (IV)** **WITHOUT CONTRAST (IV)** **RADIOLOGIST DISCRETION**

Abdomen MRAngio
 Protocol: Adrenal Hepatic MRCP Pancreas Renal

Brain MRAngio
 Protocol: IAC MS Orbits Pituitary Seizure Stroke

Neck Soft Tissue MRAngio (Carotids)

Extremity – Lower LT RT Bilateral
 Ankle Femur Foot Hip Knee Pelvis Tibia/Fibula
 Arthrogram (Specify Joint): _____

Extremity – Upper LT RT Bilateral
 Elbow Forearm Humerus Shoulder Wrist
 Arthrogram (Specify Joint): _____
 Finger (Specify Digit): _____

Pelvis MRAngio Gynecological Sacroiliac Joint

Spine Cervical Thoracic Lumbar

Other: _____

CT **WITH CONTRAST** **WITHOUT CONTRAST** **RADIOLOGIST DISCRETION**

Brain **Pelvis**

Maxillofacial **Spine** Cervical Thoracic Lumbar

Neck **Sinus**

Orbits **Temporal Bones**

Routine Abdomen/Pelvis
 Protocol: IVP KUB Enterography

Abdomen (Does Not Include the Pelvis)
 Protocol: Adrenal Hepatic Pancreas Renal

Chest **Chest-Abdomen** **Chest-Abdomen-Pelvis**

CT Angiography (CTA)
 Protocol: Aortic Aneurysm Brain Dissection Neck
 Peripheral Runoff Pulmonary Embolism

Extremity – Upper / Lower LT RT Bilateral
 Specify Location: _____
 Arthrogram (Specify Joint): _____

Other: _____

ULTRASOUND

Abdomen With Limited Duplex of the Liver Vessels

Breast LT RT Bilateral

Extremity – Non-Vascular LT RT
 Specify Joint: _____

Obstetric
 1st Trimester 1st Trimester – Twins
 Nuchal Translucency Screening
 2nd / 3rd Trimester 2nd / 3rd Trimester – Twins
 2nd / 3rd Trimester – Limited (Specify): _____
 Other: _____

Pelvis (Endovaginal & Transabdominal) Transabdominal Only

Retroperitoneum Kidneys and Bladder Only

Sonohysterogram

Testicular With Limited Duplex

Thyroid

Other: _____

VASCULAR ULTRASOUND

Abdominal Aortic Aneurysm Screening (65 years and older)

Arterial Duplex LT RT Bilateral
 Upper Extremity Lower Extremity

Carotid Duplex

Vascular Screening

Venous Duplex LT RT Bilateral
 Upper Extremity Lower Extremity

Other: _____

FLUOROSCOPY

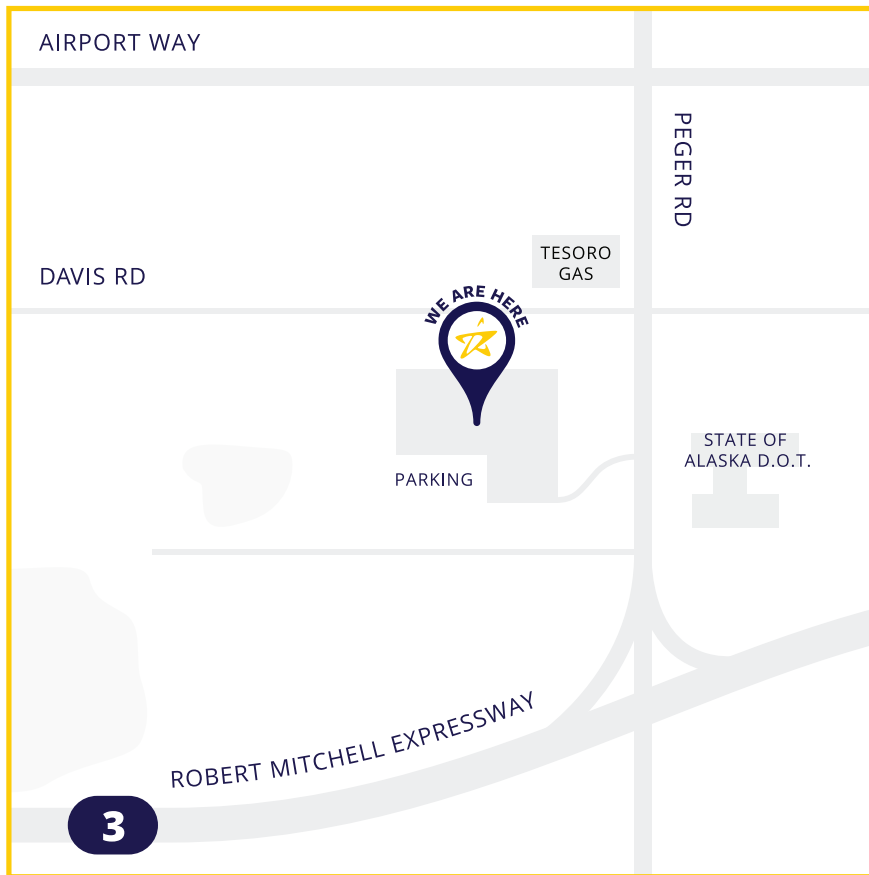
Lumbar Puncture **Lab Name/Location** _____

Hysterosalpinogram

X-RAY LT RT Bilateral **# of Views:** _____

Area(s) of Body: _____

Map & Directions



ADDRESS

2310 Peger Road, Suite 102
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PHONE

(907) 459-6555

FAX

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HOURS

Monday–Friday: 8 AM–5 PM

DIRECTIONS

FROM DELTA JUNCTION, NORTH POLE OR MILITARY BASES

Head south on Steese Hwy (AK 2). Turn right (heading west) onto the Johansen Expressway. In three miles, take Peger Road (Exit 2). After 1.5 miles, The Surgery Center will be on the right.

FROM THE EASTSIDE, FOX OR MURPHY DOME

Head west on the Robert Mitchell Expressway (AK 3). Take the Peger Road exit. In a half mile, The Surgery Center will be on the left.

FROM THE WESTSIDE

Head east on Airport Way. Turn right on Peger Road. In one mile, The Surgery Center will be on the right.

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RADIOLOGY