

DIAGNOSTIC IMAGING ORDER FORM

SCHEDULING: (907) 459-6555 FAX REFERRAL: (907) 459-6566

2310 Peger Rd, Suite 102, Fairbanks, AK 99709

northstarradiology.com



NorthStar
RADIOLOGY

CT | FLUOROSCOPY | 3T MRI | ULTRASOUND | X-RAY

PATIENT INFORMATION

Date of Referral: _____

First Name: _____ Last Name: _____ Middle Initial(s): _____

Date of Birth: _____ Phone: _____ Gender: Male Female Other

Primary Insurance: _____ ID Number: _____ Weight: _____

Date of Injury: _____ Motor Vehicle Workers Compensation Authorization #: _____

CLINICAL INFORMATION

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

ICD-10 Code(s): _____

IMAGES

Routine STAT

Send with Patient (CD)

Call Report: _____

Fax Report: _____

REFERRING PROVIDER INFORMATION

Clinic/Location: _____ Phone: _____ Fax: _____

Provider Name: _____ Provider Signature: _____

ORIGINAL SIGNATURE REQUIRED. DO NOT USE STAMP.

MRI

W/O Contrast W/ & W/O Contrast

Radiologist Discretion

- Choose above to apply to selection below -

- Brain
- Orbits
- Orbits with Brain
- IAC Screening
- IAC Screening with Brain
- Pituitary
- Face/Neck
- Temporomandibular Joint
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Abdomen: _____
- Pelvis: _____
- Enterography
- MRCP
- MRA: _____
- Extremity With Joint Arthrogram
 - Ankle L R
 - Elbow L R
 - Hip L R
 - Knee L R
 - Shoulder L R
 - Wrist L R

Other: _____

X-RAY

Side of Body: L R Bilateral

of Views: _____

Area(s) of Body: _____

CT

W/O Contrast W/ & W/O Contrast

W/ Contrast Radiologist Discretion

3D Recons (VRT) - 3D imaging visual aid for patient/provider procedural planning

60+ years - Creatinine Labs Needed

- Choose above to apply to selection below -

- Brain
- Soft Tissue Neck
- Orbits
- Maxillofacial
- Sinus
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Low Dose Lung Screen
- Chest
- Chest and Abdomen
- Chest, Abdomen, and Pelvis
- Abdomen
- Abdomen and Pelvis
- Pelvis
- CTA: _____
- Extremity With Joint Arthrogram
 - Ankle L R
 - Elbow L R
 - Hip L R
 - Knee L R
 - Shoulder L R
 - Wrist L R

Other: _____

ULTRASOUND

Abdomen w/ Ltd Duplex of Liver Vessels

Abdominal Aortic Aneurysm Screening (65 years and older)

Arterial Duplex L R Bilateral

Upper Lower

Carotid Duplex

Extremity - Non-Vascular L R

Specify Joint: _____

Obstetric Specify: _____

Pelvis - Endovaginal & Transabdominal

Pelvis - Transabdominal Only

Pelvic Limited (Inguinal Hernia Check)

Retroperitoneum

Kidneys and Bladder Only

Sonohysterogram

Testicular with Limited Duplex W/O

Thyroid

Vascular Screening

Venous Duplex L R Bilateral

Upper Lower

Other: _____

FLUOROSCOPY

Hysterosalpinogram L R

Lumbar Epidural Injection L R

Level: _____

Sacroiliac Joint Injection L R

Lumbar Facet Joint Injection L R

Level: _____

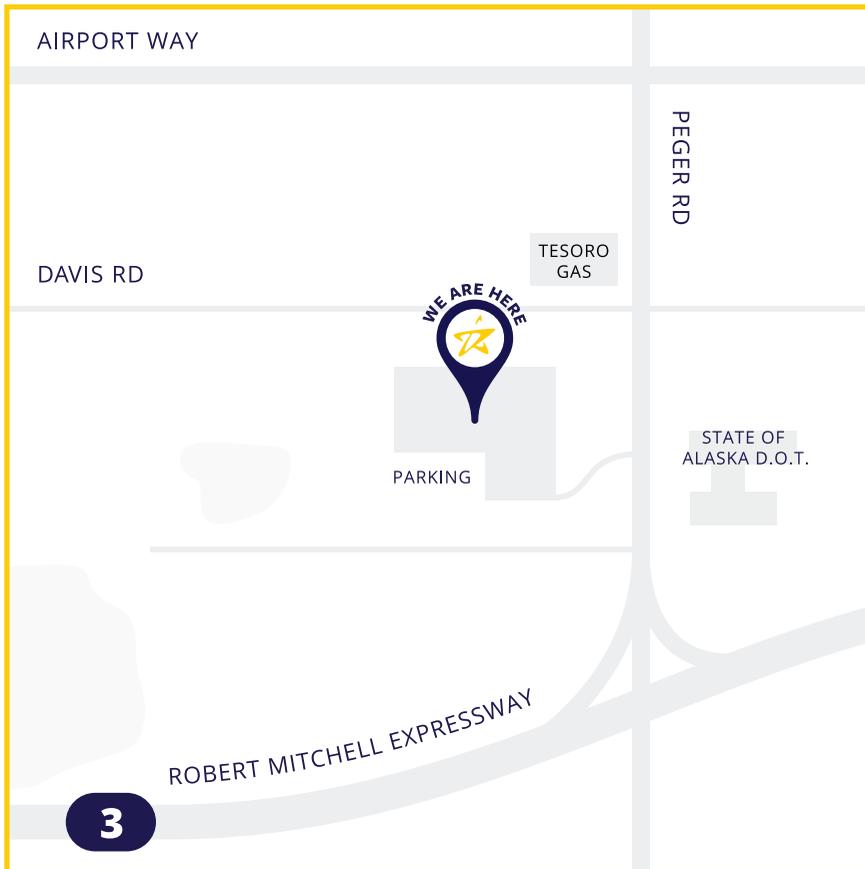
Bicep Tendon Sheath L R

Joint Injection L R

Joint: _____



Map & Directions



ADDRESS

2310 Peger Road, Suite 102
Fairbanks, AK 99709

PHONE

(907) 459-6555

FAX

(907) 459-6566

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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