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: _____ Ins ID #/Claim #: _____ 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 with Brain
☐ IAC with Brain
☐ Pituitary with Brain
☐ Face/Neck
☐ Temporomandibular Joint
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Abdomen: _____
☐ Pelvis: _____
☐ Enterography
☐ MRCP
☐ MRA: _____
☐ Extremity ☐ With Joint Arthrogram

☐ Hand	☐ L	☐ R
☐ Wrist	☐ L	☐ R
☐ Elbow	☐ L	☐ R
☐ Shoulder	☐ L	☐ R
☐ Hip	☐ L	☐ R
☐ Knee	☐ L	☐ R
☐ Ankle	☐ L	☐ R
☐ Foot	☐ 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

- Choose above to apply to selection below -

☐ Brain
☐ Soft Tissue Neck
☐ Temporal Bones/IAC/Mastoids
☐ 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
☐ Urogram/IVP
☐ KUB/Stone Study
☐ Pelvis
☐ CTA: _____
☐ Extremity ☐ With Joint Arthrogram

☐ Hand	☐ L	☐ R
☐ Wrist	☐ L	☐ R
☐ Elbow	☐ L	☐ R
☐ Shoulder	☐ L	☐ R
☐ Hip	☐ L	☐ R
☐ Knee	☐ L	☐ R
☐ Ankle	☐ L	☐ R
☐ Foot	☐ L	☐ R

☐ Other: _____

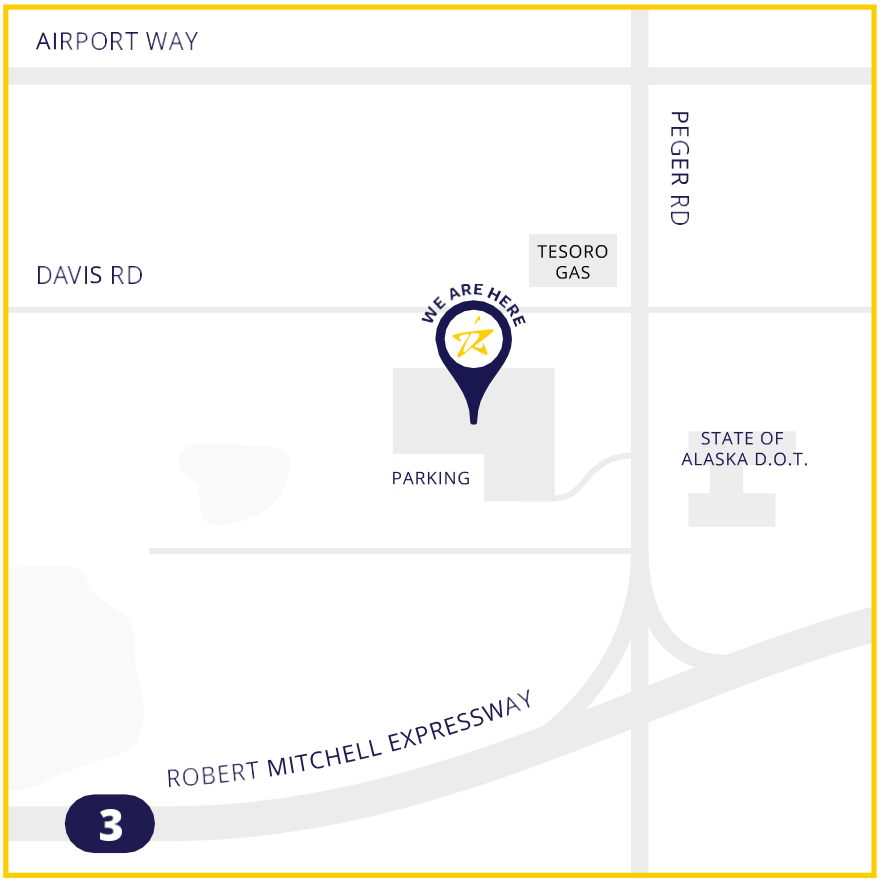
ULTRASOUND

☐ 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
☐ 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: _____
☐ US 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
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HOURS
Monday – Friday: 6:30 AM – 9 PM
(MRI only after 5 PM)
Saturday: By Appointment
(MRI only)

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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