ALYESKA IMAGING CENTER

Alyeska Imaging Scheduling
907.746.2929

Alyeska Imaging FAX
907.746.6543

*** Please fax this order to our office

www.AlyeskaImaging.com

2480 S Woodworth Loop, Suite 140
Palmer, AK 99645

PATIENT INFORMATION

Patient Name _____ D.O.B. _____ Gender Male / Female

Patient's Phone Numbers Home: _____ Cell: _____ Work: _____

Patients Height _____ Weight _____ Diabetic _____ Yes _____ No

Previous CT, MRI, PET? _____ Where? _____ Repeat Patient? Yes / No

Referring Clinician _____

Patient will be required to lie on their back for up to 45 minutes. Please Rx as needed for pain, anxiety or claustrophobia.

PET/CT STUDY

☐ Standard PET/CT Body Study (skull base to proximal thigh) ☐ Standard PET/CT Body Study (top of skull to proximal thigh)

☐ Whole-Body study PET/CT (top of skull to toes) ☐ PET/CT Brain ☐ PET/CTBone Scan

REASON FOR PET/CT STUDY

Type of Cancer _____ ☐ Histology Proven ☐ Suspected

Current Diagnosis (ICD-10)/Required _____

☐ Initial Staging ☐ Diagnosis ☐ Suspected recurrence: Site _____

☐ Tumor Monitoring during tx ☐ Restaging after completion of tx

TREATMENT

Is patient currently receiving treatment? ☐ Yes ☐ No

If Yes: ☐ Chemotherapy ☐ Radiotherapy

History of current or prior treatment for this disease (surgery, radiation, chemotherapy)

Surgery _____

Radiation _____

Chemotherapy _____

CT SCAN

☐ CONTRAST AT RADIOLOGIST DISCRETION ☐ NO IV CONTRAST ☐ WITH IV CONTRAST BUN/Creatinine _____ / _____ Date

HEAD & NECK

☐ Head/Brain
☐ Orbits/Maxiofacial
☐ Sinus
☐ IAC's/Temporal Bone/ Mastoids
☐ Neck, Soft Tissue

CHEST

☐ Chest
☐ CTA Chest
☐ Lung CA Screening, Low Dose
☐ PE Study
☐ Chest/Abdomen/Pelvis

ABDOMEN & PELVIS

☐ Abdomen
☐ Pelvis
☐ Abdomen & Pelvis
☐ Renal Stone Study
☐ CT IVP (urogram)
☐ CT Enterography (Small bowel)

SPINE

☐ C-Spine
☐ T-Spine
☐ L-Spine

CTA

☐ Intercranial/Circle of Willis
☐ Carotids
☐ Carotids/Circle of Willis
☐ Abdomen Pelvic AAA
☐ ABD Aortogram & Lower Extremity Runoff
☐ 3 Phase Liver
Bi-Phase ☐ Kidney ☐ Pancreas

Other _____

Clinicians Signature _____ Date _____

Appointment Date and Time _____

For Oncology PET/CT Scan Appointments

Diet 24 hours prior to exam:

- Eat a high protein diet: You may eat any type of unbreaded meat, poultry, fish, seafood, cheese, tofu and eggs
- Vegetables (non-starchy) that you may have are: Spinach, broccoli, cauliflower, green beans, zucchini, yellow summer squash, lettuce, tomatoes, bell pepper and cucumbers
- Drink water only
- Stop sugar intake: no fruit or fruit juice, peanut butter, jelly, jams, desserts, candy, soft drinks, yogurt, cereal, chips, crackers or artificial sweetener.
- No caffeinated or decaffeinated drinks. No coffee, tea, milk, soft drinks or sports drinks.
- No alcoholic beverages, beer or wine.
- No tobacco/Nicotine gum
- Do not have any chewing gum, breath mints, cough drops or cough syrup.
- If you are on a special diet, please call and speak with the nurse for special instructions.
- No strenuous or repetitive exercise: no workouts, walking, or jogging. Just relax!

Day of exam:

- Bring photo ID and insurance cards with you to your appointment.
- No food 5 hours prior to appointment.
- We do want you to drink plenty of water before your appointment. Try to drink 20oz water 2 hours prior to appointment.
- Wear loose, warm, comfortable clothing (sweatshirt and sweatpants are good) without zippers, snaps or metal.
- Leave all jewelry at home.
- If you need medications for pain, anxiety or claustrophobia please bring medication with you and the nurse or technologist will instruct you the best time to take it. If you are in need of medication for these reasons please contact your primary physician.
- If you are diabetic, do not take any diabetic medication for 5 hours prior to your appointment. If you have any questions concerning your diabetic medication please call 907.746.2929.
- If you might be pregnant or are breast feeding, please contact our office for special instructions. Please do not bring your children or pregnant women with you to your appointment due to the risk of exposing them to radiation.
- Your appointment will last 2 1/2 hours so please plan accordingly.

We look forward to meeting you and making you as comfortable as possible during your upcoming scan. Please feel free to call us @ 907.746.2929 if you have any questions.

IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT, PLEASE NOTIFY OUR OFFICE AS SOON AS POSSIBLE.