Touchstone
MEDICAL IMAGING

Edmond
902 South Bryant Avenue
Edmond, OK 73034
405-348-1900
Fax: 405-348-0423

Appt. Date

Appt. Time

Patient Name: _____ Sex: ☐ Male ☐ Female DOB: _____

Cell Phone: _____ Home/Work Phone: _____

Insurance: _____

Insurance ID#: _____ Authorization: _____

Referring Physicians Signature:

_____ _____ ☐ **STAT**

☐ **CALL** _____

May modify exam at radiologists discretion if clinically indicated

Scan as Ordered

Cell phone #

Print Referring Dr.: _____ Referring Office Contact: _____

Date Ordered: _____ Office Phone: _____ Office Fax: _____

❍ Screening Mammogram w/ call back visit: If a screening mammogram is abnormal, inconclusive, or questionable, then perform these additional diagnostic exams: diagnostic mammogram/sonogram

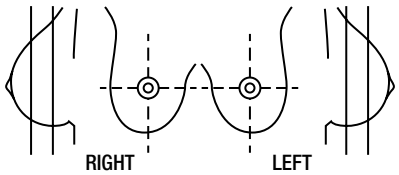
❍ Screening Mammogram **(Routine/No Problems)**

Symptomatic Exam

❍ Diagnostic Mammogram with Breast Ultrasound, if needed – ☐ Left ☐ Right ☐ Bilateral

Please check a diagnosis:

☐ Abnormal mammogram ☐ History of breast cancer ☐ Pain
☐ Follow-up to biopsy ☐ Lump ☐ Follow-up to previous reported abnormal findings
☐ Other _____



❍ Bone Density/Osteoporosis Screening _____ Diagnosis

❍ **MRI Exam Requested:** _____ ☐ With/Without Contrast ☐ Without Contrast

❍ **CT Exam Requested:** _____ ☐ Without ☐ With ☐ With/Without

❍ **US Exam Requested:** _____

❍ **X-Ray Exam Requested:** _____

❍ **Fluoroscopy Exam Requested:** _____