Touchstone
MEDICAL IMAGING

Appt. Date: _____
Appt. Time: _____

312 Richland West Circle
Waco, TX 76712
Phone: 254.755.4410
Fax: 254.755.4413

Patient Name: _____ DOB: _____
Cell Phone: _____ Insurance ID#: _____
Home/Work Phone: _____ Authorization: _____

Referring Physicians Signature: _____
May modify exam at radiologists discretion if clinically indicated

_____
Scan as Ordered

Diagnosis: _____

☐ **STAT CALL** _____
Pager or cell phone #

☐ Deliver Films or CD to Office
circle one

☐ Send Films or CD w/Patient
circle one

Print Referring Dr.: _____ Referring Office Contact: _____
Office Phone: _____ Office Fax: _____

OPEN MRI

Open MRI
☐ **With/Without Contrast** ☐ **Without Contrast**

*** Labs Needed For IV Contrast IF:**
☐ **Age 60 & Up** ☐ **Diabetic** ☐ **Renal DX**
Creatinine: _____

☐ NeuroQuant®
☐ Brain ☐ **Draw Labs if Needed**
☐ Orbits ☐ Orbits & Brain
☐ Pituitary
☐ Internal Auditory Canals (IAC's)
☐ Soft Tissue Neck
☐ Cervical Spine ☐ Thoracic Spine
☐ Lumbar Spine ☐ Sacrum
☐ TMJ
☐ Abdomen
☐ Brachial Plexus
☐ Abdomen Attn:_____
☐ MRCP
☐ Pelvis
☐ Hip ☐ L ☐ R
☐ Shoulder ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hand ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R
☐ MRA Head ☐ MRA Neck
☐ MRA Renal
☐ Arthrogram
☐ Other_____

CT

☐ **With Contrast** ☐ **Without Contrast**

*** Labs Needed For IV Contrast IF:**
☐ **Age 60 & Up** ☐ **Diabetic** ☐ **Renal DX**
Creatinine: _____

☐ Calcium Scoring
☐ Brain ☐ **Draw Labs if Needed**
☐ Orbits
☐ Sinuses
☐ Maxillofacial
☐ Internal Auditory Canals
☐ Temporal Bones
☐ Urogram
☐ Neck (Soft Tissue)
☐ Chest
☐ Abdomen
☐ Pelvis
☐ Abdomen / Pelvis
☐ Kidney Stone Protocol Abd/Pel w-o
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Extremity ☐ R ☐ L
(specify) _____
☐ Hip ☐ R ☐ L

CT ANGIOGRAPHY 3D Reformat
☐ CTA Aorta (Chest and Abdomen/Pelvis)
☐ CTA Neck
☐ CTA Renal
☐ CTA Chest ☐ (P.E. Protocol)
☐ Arthrogram
☐ Other_____

ULTRASOUND

☐ AAA Screening (>65, hx tobacco use)
☐ Abdomen Complete (NPO)
☐ Abdomen Limited: RUQ (GB, Liver, Pancreas, CBD, Rt Kidney)
☐ Abdomen Limited (NPO) _____
☐ Abdomen Doppler (NPO) _____
☐ Aorta
☐ Carotid Artery Doppler
☐ OB Biophysical Profile
☐ OB <14 weeks 1st Trimester (w/ TV if needed)
☐ OB >14 Weeks 2nd or 3rd Trimester
☐ OB Transvaginal
☐ Pelvic (Transabdominal) only
☐ Pelvic w/ transvaginal (if needed)
☐ Transvaginal only
☐ Renal Artery Doppler
☐ Renal Complete
☐ Scrotum/Testicles
☐ Soft Tissue _____
☐ Thyroid
☐ Venous Doppler Lower Extremity (Leg) ☐ L ☐ R
☐ Venous Doppler Upper Extremity (Arm) ☐ L ☐ R
☐ Other _____

X-RAY

☐ Skull Complete
☐ Facial Bones
☐ Sinuses
☐ Chest PA & Lateral
☐ Ribs (specify) ☐ Bilateral ☐ L ☐ R
☐ Cervical Spine 2v, 4v, 6 view
☐ Thoracic Spine
☐ Lumbar Spine 2v, 4v, 6 View
☐ KUB
☐ Abdomen Series
☐ Pelvis AP
☐ Hip ☐ L ☐ R
☐ Femur ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Tibia/Fibula ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R
☐ Toe (specify) _____
☐ Shoulder ☐ L ☐ R
☐ Humerus ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Forearm ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hand ☐ L ☐ R
☐ Finger (specify) _____
☐ Scoliosis Evaluation
☐ Other _____

PLEASE FAX COPY OF PATIENT DEMOGRAPHICS, INSURANCE CARDS & CLINICALS

GENERAL INFORMATION

- Bring this form with you to your appointment.
- If possible, bring previously related studies such as x-rays, CT scans, and mammogram films.
- Notify your doctor and the technologist if you are pregnant or think you might be, or if you are breastfeeding.
- Notify us 24 hours in advance, if possible, if you are unable to keep your appointment.
- Report approximately 15 minutes prior to your appointment time.
- Bring insurance card and picture ID.

MRI - YOU CANNOT HAVE A MRI SCAN IF YOU HAVE:

- A pacemaker.
- Aneurysm clips in the brain.
- Ear implants.
- Implanted spinal cord stimulator.
- Metallic fragments in one or both eyes.
- Please let your MRI Technologist know if you have any other metal objects in your body.

CAT SCAN (CT)

Abdomen and/or Pelvis

- Pick-up oral contrast from our office prior to your appointment.
- Start drinking the oral contrast one hour prior to your exam.
- Do not eat or drink anything after midnight.

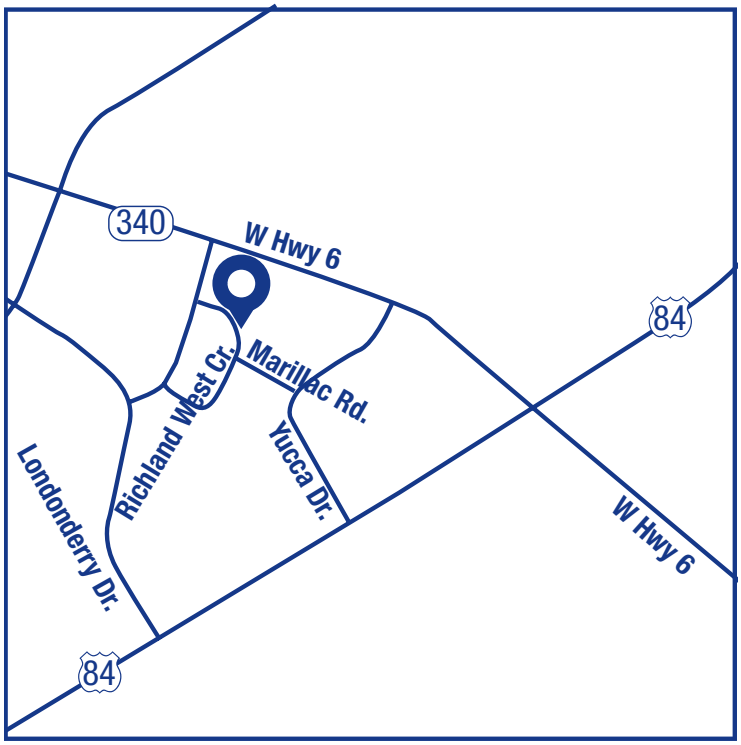
ULTRASOUND

Pelvic/OB

- Drink 32 ounces of any liquid one hour prior to your appointment time.
- Do not empty your bladder until your exam is completed.

Abdominal and Pelvic

- Do not eat or drink anything after midnight.
- After the abdominal portion is completed, you will be asked to fill your bladder for the pelvic portion.



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