Touchstone
MEDICAL IMAGING

Please Select Facility - See back for specific location information

ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

Appt. Date

Appt. Time

- ☐ Advanced Imaging Center
- ☐ Allen
- ☐ Arlington Arbrook Blvd.
- ☐ Arlington Breast Center
- ☐ Baylor Charles A. Sammons Cancer Center
- ☐ Baylor Diagnostic Imaging Center at Junius
- ☐ Burleson
- ☐ Dallas Forest Lane
- ☐ Dallas Washington Ave.
- ☐ Denton
- ☐ Downtown Fort Worth
- ☐ Downtown Fort Worth PET/CT
- ☐ Flower Mound
- ☐ Fossil Creek
- ☐ Grand Prairie
- ☐ Hurst
- ☐ Keller
- ☐ Las Colinas
- ☐ Lewisville
- ☐ McKinney
- ☐ Mesquite
- ☐ Midlothian-Midway
- ☐ North Dallas
- ☐ North Garland
- ☐ Plano
- ☐ Red Oak
- ☐ Richardson
- ☐ Rockwall
- ☐ South Irving
- ☐ Southlake
- ☐ Southwest Fort Worth
- ☐ Tyler
- ☐ Weatherford

Patient Name: _____ DOB: _____

Cell Phone: _____ Insurance ID#: _____

Home/Work Phone: _____ Authorization: _____

REFERRING PHYSICIAN SIGNATURE:

X _____ X _____ _____

May modify exam at radiologists discretion if clinically indicated. | Scan as Ordered | Ordered Date

DIAGNOSIS: _____

[] **STAT CALL** _____ Cell Phone #

[] **STAT Fax#** _____

[] Deliver Films or CD to Office (Circle One)

[] Send Films or CD w/Patient (Circle One)

[] Please Compare to Previous _____

Print Referring Dr.: _____ Referring Office Contact: _____

Office Phone: _____ Office Fax: _____

MRI

☐ **1.2T Open MRI** ☐ **1.5T High-Field MRI**
☐ **1.5T Wide-Bore MRI** ☐ **3T MRI**
☐ **MRAngiogram**
☐ Without Contrast ☐ With & Without Contrast
*Labs needed for IV contrast IF:
☐ Age 60 & up ☐ Diabetic ☐ Renal DX
Creatinine: _____
☐ NeuroQuant® ☐ LiverMultiScan®
☐ Arthrogram (with intra-articular contrast)

☐ Head
☐ Brain ☐ *Draw Labs if Needed*
☐ Orbits
☐ Orbits & Brain
☐ Pituitary
☐ Internal Auditory Canals
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Sacrum
☐ Soft Tissue Neck
☐ Neck
☐ TMJ
☐ Abdomen
☐ Enterography
☐ Chest (HF Only)
☐ MRCP (HF Only)
☐ Renal (HF Only)
☐ Pelvis
☐ Shoulder ☐ R ☐ L
☐ Hip ☐ R ☐ L
☐ Hand ☐ R ☐ L
☐ Wrist ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Ankle ☐ R ☐ L
☐ Foot ☐ R ☐ L
☐ Extremity _____
☐ Prostate
☐ Other _____

CT

☐ **CT** ☐ **CTA (w/ 3D Reformat)**
☐ With Contrast
☐ Without Contrast ☐ With & Without Contrast
*Labs needed for IV contrast IF:
☐ Age 60 & up ☐ Diabetic ☐ Renal DX
Creatinine: _____
☐ Labs Attached
☐ Calcium Scoring
☐ Arthrogram (with intra-articular contrast)

☐ Brain ☐ *Draw Labs if Needed*
☐ Orbits
☐ Pituitary
☐ Internal Auditory Canals
☐ Sinuses ☐ Coronal ☐ Axial & Coronal
☐ Mandible/Facial Bones
☐ Temporal Bones
☐ Soft Tissue Neck
☐ Chest
☐ High-Res Chest
☐ Cervical
☐ Lumbar
☐ Thoracic
☐ Abdomen
☐ Pelvis
☐ Abdomen/Pelvis
☐ Kidney Stone Protocol Abd/Pel wo
☐ Enterography
☐ Scaphoid ☐ R ☐ L
☐ Hip ☐ R ☐ L
☐ Extremity _____
☐ Abdomen/Pelvis w/ 3D Reformat
☐ Neck w/ 3D Reformat
☐ Renal w/ 3D Reformat
☐ Chest (P.E. Protocol) w/ 3D Reformat
☐ Other _____

ULTRASOUND

☐ Abdominal Complete (NPO)
☐ Abdominal Doppler Complete
☐ Abdominal Limited (NPO)
☐ Aorta
☐ ABI (Arlington Arbrook, Junius)
☐ Arterial Doppler Lower Extremity ☐ R ☐ L ☐ Bilat
☐ Arterial Doppler Upper Extremity ☐ R ☐ L ☐ Bilat
☐ Breast ☐ R ☐ L ☐ Bilat
☐ Carotid Artery Doppler
☐ Gallbladder/Liver/Pancreas
☐ OB Bio Physical Profile
☐ OB > 14 Weeks
☐ OB < 14 Weeks
☐ Pelvic (w/ Transvaginal, if needed)
☐ Pelvic Only
☐ Renal Artery Doppler
☐ Renal Complete
☐ Retroperitoneal Limited (kidneys only)
☐ Retroperitoneal Complete (kidneys/aorta/nodes)
☐ Segmental Pressure (Arlington Arbrook & Junius)
☐ Soft Tissue: _____
☐ Testicular/Scrotal
☐ Thyroid
☐ Transvaginal Only
☐ Venous Doppler Upper Extremity ☐ R ☐ L ☐ Bilat
☐ Venous Doppler Lower Extremity ☐ R ☐ L ☐ Bilat
☐ Other _____

ADDITIONAL SERVICES

☐ **X-RAY** Exam Requested: _____
☐ **MAMMOGRAPHY**
- ☐ Screening Mammogram w/ callback visit: if the screening is abnormal, inconclusive, or questionable, then perform these additional diagnostic exams: diagnostic mammogram/sonogram
- ☐ Screening
- ☐ Diagnostic with Breast Ultrasound to follow if needed ☐ R ☐ L ☐ Bilat
- ☐ ABUS 3D Complete Bilateral Breast Ultrasound (Arlington Breast Center)

☐ **MYELOGRAM** ☐ Cervical _____ ☐ Thoracic _____ ☐ Lumbar _____

☐ **BONE DENSITY**
☐ **FLUOROSCOPY** Exam Requested: _____
☐ **PET/CT** (Downtown Fort Worth, Junius)
Clinical Reason for Ordering PET/CT: _____
Is patient currently receiving chemotherapy or radiation therapy? ☐ Yes ☐ No
Has the patient had a previous PET/CT? ☐ Yes ☐ No
When & Where: _____
☐ Standard Body (eyes to thighs) ☐ Whole Body (head to toe) ☐ Brain
☐ Myocardial ☐ PET/CT Amyvid ☐ Limited area as noted _____

PLEASE FAX SIGNED ORDERS, PATIENT DEMOGRAPHICS, INSURANCE & CLINICALS

ALLEN
880 W. Exchange Pkwy., Suite 2100 | Allen, TX 75013
Phone: 469.656.7723 Fax: 469.795.0289
SERVICES: MRI [1.5T Wide-Bore] • CT • US
X-Ray/Fluoro • Arthrogram • Calcium Scoring

ARLINGTON ARBROOK BLVD.
601 West Arbrook Blvd. | Arlington, TX 76014
Phone: 817.472.0801 Fax: 817.472.0840
SERVICES: MRI [1.5T Wide-Bore, 1.2T Open] • CT • US • X-Ray/
Fluoro • Arthrogram • Segmental Pressures

ARLINGTON BREAST CENTER
4501 Matlock Rd, Suite 101 | Arlington, TX 76018
Phone: 817.472.0801 Fax: 817.472.0840
SERVICES: Mammo [3D] • Invenia™ ABUS • US • Bone Density

BURLESON
665 N.E. Alsbury Boulevard | Burleson, TX 76028
Phone: 817.447.3443 Fax: 817.447.9094
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray
Mammo [3D] • Bone Density

DALLAS FOREST LANE
11617 North Central Expressway, Suite 132
Dallas, TX 75243
Phone: 214.369.3795 Fax: 866.225.8389
SERVICES: MRI [1.5T HF] • CT • US • X-Ray/Fluoro
Mammo [3D] • Bone Density • Arthrogram

DALLAS WASHINGTON AVE.
712 N. Washington Ave., Suite 102 | Dallas, TX 75246
Phone: 214.515.0016 Fax: 214.515.0026
SERVICES: MRI [1.5T HF, 1.5T Wide-Bore] • CT • X-Ray/Fluoro
Arthrogram

NORTH DALLAS
9101 North Central Expressway, Suite 100
Dallas, TX 75231
Phone: 972.560.9000 Fax: 214.989.6684
SERVICES: MRI [1.5T HF] • CT • Calcium Scoring • US • X-Ray/
Fluoro • Arthrogram

ADVANCED IMAGING CENTER
411 N. Washington Avenue, Suite 1000
Dallas, TX 75246
Phone: 972.560.9000 Fax: 214.989.6684
SERVICES: MRI [3T Wide-Bore, 1.5T HF] • CT • X-Ray/Fluoro
Myelogram

BAYLOR CHARLES A. SAMMONS CANCER CENTER
3410 Worth Street, Suite 770 | Dallas, TX 75246
Phone: 972.560.9000 Fax: 214.989.6684
SERVICES: MRI [1.5T Wide-Bore]

BAYLOR DIAGNOSTIC IMAGING CENTER AT JUNIUS
3900 Junius Street, Suite 100 | Dallas, TX 75246
Phone: 972.560.9000 Fax: 214.989.6684
SERVICES: MRI [3T Wide-Bore, 1.5T HF] • PET • CT • US • X-Ray/
Fluoro • Calcium Scoring • Segmental Pressures • Arthrogram

DENTON
2817 S. Mayhill Road, Suite 100 | Denton, TX 76208
Phone: 940.320.6901 Fax: 940.320.6969
SERVICES: MRI [1.5T Wide-Bore, 3T Wide-Bore] • CT • US • X-Ray
Calcium Scoring

DOWNTOWN FORT WORTH
1701 West Rosedale | Fort Worth, TX 76104
Phone: 817.922.7780 Fax: 817.768.3255
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT • US
X-Ray/Fluoro • Mammo [3D] • Bone Density • Arthrogram
Myelogram • Calcium Scoring

DOWNTOWN FORT WORTH PET/CT
1263 West Rosedale, Suite 105 | Fort Worth, TX 76104
Phone: 817.335.5370 Fax: 817.335.5318
SERVICES: PET/CT

FLOWER MOUND
3000 Corporate Court, Suite 400
Flower Mound, TX 75028
Phone: 972.724.0100 Fax: 972.724.4455
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray/Fluoro
Arthrogram

FOSSIL CREEK
5455 Basswood Blvd., Suite 550 | Fort Worth, TX 76137
Phone: 817.428.5002 Fax: 817.428.8101
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray
Mammo [3D] • Bone Density • Arthrogram

GRAND PRAIRIE
2740 N. State Hwy. 360, Suite 200
Grand Prairie, TX 75050
Phone: 972.990.4480 Fax: 972.579.3909
SERVICES: MRI [1.5T HF] • CT • US • X-Ray/Fluoro • Mammo [3D]
Bone Density • Arthrogram • Myelogram

HURST
1717 Precinct Line Road, Suite 103 | Hurst, TX 76054
Phone: 817.498.6575 Fax: 817.498.8854
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray/Fluoro
Mammo [3D] • Bone Density • Arthrogram • Calcium Scoring

KELLER
601 South Main Street, Suite 100 | Keller, TX 76248
Phone: 817.482.2000 Fax: 817.482.2050
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray/Fluoro
Mammo [3D] • Bone Density • Arthrogram • Myelogram
Calcium Scoring

LAS COLINAS
440 W Interstate 635, Suite 110 | Irving, TX 75063
Phone: 214.647.6161 Fax: 214.647.6162
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray

LEWISVILLE
190 Civic Circle, Suite 125 | Lewisville, TX 75067
Phone: 972.434.6737 Fax: 972.434.6739
SERVICES: MRI [1.5T HF] • CT • US • X-Ray • Mammo [3D]
Bone Density

MCKINNEY
5321 W. University | McKinney, TX 75071
Phone: 214.250.5090 Fax: 214.250.5095
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray

MESQUITE
1425 Gross Road, Suite 130 | Mesquite, TX 75149
Phone: 972.289.5558 Fax: 972.289.5786
SERVICES: MRI [1.5T Wide-Bore, 1.5T HF] • CT • US • Mammo [3D]
X-Ray/Fluoro • Bone Density • Arthrogram

MIDLOTHIAN-MIDWAY
4431 E. US-Hwy 287, Suite 120
Midlothian, TX 76065
Phone: 469.846.8100 Fax: 469.846.8101
SERVICES: MRI [1.5T Wide-Bore] • CT • US • Mammo [3D] • X-Ray
Bone Density • Calcium Scoring

NORTH GARLAND
7217 Telecom Pkwy., Suite 150 | Garland, TX 75044
Phone: 972.495.7756 Fax: 972.495.1837
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT • US
X-Ray/Fluoro • Mammo [3D] • Bone Density • Arthrogram

PLANO
3304 Communications Pkwy., Suite 201
Plano, TX 75093
Phone: 972.378.6858 Fax: 972.378.9088
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT • US
X-Ray/Fluoro • Arthrogram • Myelogram

RED OAK
305 East Ovilla Road | Red Oak, TX 75154
Phone: 972.617.7731 Fax: 214.736.9234
SERVICES: MRI [1.5T HF] • CT • US • X-Ray/Fluoro • Mammo [3D]
Bone Density • Arthrogram

RICHARDSON
1910 North Collins Blvd. | Richardson, TX 75080
Phone: 972.744.0882 Fax: 972.744.0884
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray

ROCKWALL
901 Rockwall Parkway | Rockwall, TX 75032
Phone: 469.897.5660 Fax: 469.897.5661
SERVICES: MRI [3T Wide-Bore] • CT • US • X-Ray • Arthrogram
Calcium Scoring

SOUTH IRVING
2005 West Park Drive, Suite 110 | Irving, TX 75061
Phone: 469.299.8549 Fax: 469.299.8547
SERVICES: MRI [1.5T HF] • CT • US • X-Ray • Arthrogram

SOUTHLAKE
925 E Southlake Blvd., Suite 220 | Southlake, TX 76092
Phone: 817.424.4800 Fax: 817.305.5050
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT • US
X-Ray/Fluoro • Arthrogram • Myelogram • Calcium Scoring

SOUTHWEST FORT WORTH
6900 Harris Pkwy., Suite 100 | Fort Worth, TX 76132
Phone: 817.294.1131 Fax: 817.294.3882
SERVICES: MRI [1.5T Wide-Bore, 1.5T HF] • CT • US
X-Ray/Fluoro • Arthrogram

TYLER
1904 E. Southeast Loop 323 | Tyler, TX 75701
Phone: 903.526.6736 Fax: 903.526.7911
SERVICES: MRI [1.2T Open] • CT • US • X-Ray

WEATHERFORD
250 Santa Fe Drive | Weatherford, TX 76086
Phone: 682.803.0010 Fax: 682.803.0020
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray
Calcium Scoring

If you have had previous diagnostic studies of the body part being evaluated, please bring those films and reports, or request they be sent to the Center. These studies or reports are very helpful to the Radiologist interpreting your exam.

COMPUTED TOMOGRAPHY (CT)

Abdomen or Abdomen and Pelvis

You have the option of contacting our office to obtain your contrast (2% barium sulfate) one-two days prior to your exam.

Eat a light dinner the evening before your exam and have nothing to eat or drink 4-6 hours prior to your exam. You may take your regular medications with a small amount of water.

Oral Contrast Directions

ABDOMEN & PELVIS: On the day of your exam, drink one bottle (450ml) of your oral contrast two hours before your exam. Drink the second bottle (450ml) one hour before your exam. Nothing to eat or drink 4-6 hours prior to your exam.

Tell the CT Technologist:

- If you are pregnant or breast feeding
- If you have had a barium enema or UGI within the last two weeks
- If you have had brain, heart, ear, eye or other surgeries
- If you have had an IVP within 48 hours

PET/CT

Call facility for further instructions.

MAGNETIC RESONANCE IMAGING (MRI)

Please let your MRI Technologist know if you have a pacemaker, surgical clips, a prosthesis, previous surgery, metal implants or any other metal objects in your body or if you are pregnant or nursing.

ULTRASOUND

Abdominal Ultrasound:

Please do not eat or drink (NPO) 6-8 hours prior to the exam.

Pelvic/OB <30 weeks:

Please have finished drinking four 8-ounce glasses of water 1 hour prior to your appointment time.

Your bladder must be full upon arrival. Pediatric patients drink 12 ounces of water 1 hour prior to appointment time.

MAMMO Bring previous films and reports.

FLUORO/IVP/BE Please contact center for prep.

X-RAY No Prep.