



Touchstone Imaging

HOT SPRINGS



Appointment Date/Time: _____ DOB: _____
 Patient Name: _____ SS#: _____
 Cell Phone: _____ Insurance: _____
 Home Phone: _____ Authorization: _____

Referring Physician Signature: _____

ICD-10 Code: _____

May Modify Exam at Radiologist's Discretion if Clinically Indicated

Scan as Ordered

- STAT**
- Deliver Disk**
- Send Disk w/patient**

Diagnosis: _____

Print Referring Dr.: _____ Doctor Office Contact: _____

Office Phone #: _____ Office Fax#: _____

- MRI

 - Open MRI** **High Field MRI**
 - With & Without Contrast**
 - Without Contrast**
 - Brain
 - Pituitary
 - IAC
 - Orbits
 - MRA Brain
 - Neck/Carotid Renal
 - Soft Tissue Neck
 - TMJ
 - Spine
 - Cervical Thoracic Lumbar Sacrum
 - Shoulder Right Left
 - Humerus Right Left
 - Elbow Right Left
 - Wrist Right Left
 - Hand Right Left
 - Abdomen
 - MRCP
 - Pelvis
 - Hip(s) Right Left
 - Femur Right Left
 - Knee Right Left
 - Foot Right Left
 - Ankle Right Left
 - Other _____

- CT

 - Without** **With** **With/Without**
 - Draw Labs if Needed**
 - Brain
 - Pituitary
 - Internal Auditory Canals
 - Orbits
 - Sinuses Coronal
 - Axial & Coronal
 - Mandible/Facial Bones
 - Temporal Bones
 - Neck (Soft Tissue)
 - Chest
 - Cervical Lumbar Thoracic
 - Abdomen / Pelvis
 - Kidney Stone Protocol Abd/Pel w-o
 - Enterography
 - Scaphoid Right Left
 - Hip Right Left
 - Extremity _____

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

CT ANGIOGRAPHY

 - CTA Abdomen/Pelvis w/ 3D Reformat
 - CTA Neck w/ 3D Reformat
 - CTA Renal w/ 3D Reformat
 - CTA Chest (P.E. Protocol) w/ 3D Reformat
 - Other _____

- Ultrasound

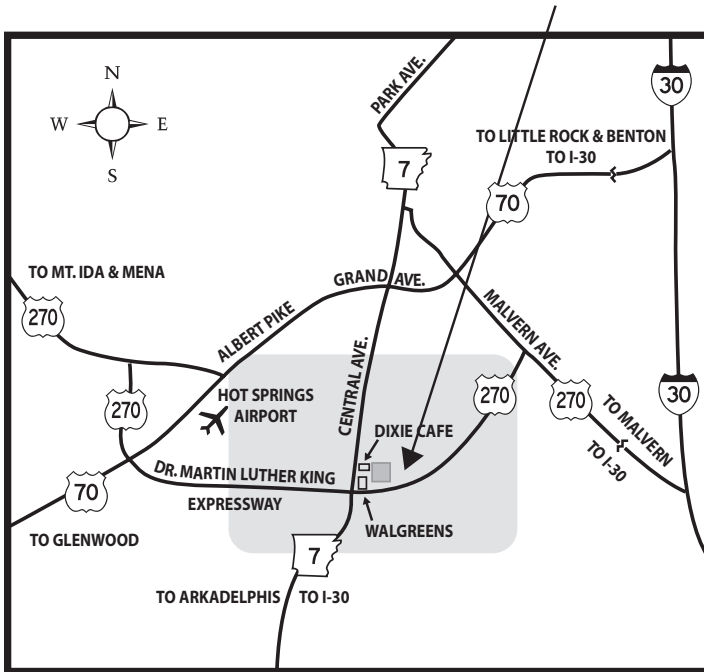
 - Thyroid
 - Soft Tissue _____
 - Abdomen Complete
 - Abdomen Limited, Gallbladder
 - Abdomen Limited _____
 - Renal Ultrasound
 - OB Ultrasound more than 14 weeks
 - OB Ultrasound less than 14 weeks
 - Pelvic/Transvaginal with Doppler
 - Testicular with Doppler
 - Carotid Doppler
 - Arterial Duplex
 - Upper Extremity
 - R L Bilateral
 - Lower Extremity
 - R L Bilateral
 - Ankle Brachial Index, (ABI)
 - Venous Doppler
 - Upper Extremity
 - R L Bilateral
 - Lower Extremity
 - R L Bilateral
 - Other _____

PLEASE FAX COPY OF PATIENT DEMOGRAPHICS & INSURANCE CARDS



Touchstone Imaging

HOT SPRINGS



Phone: 501.623.6736
 Fax: 501.623.1610
 3633 Central Avenue, Suite 100
 Hot Springs, AR 71913
 www.touchstoneimaging.com

*We know you have a choice!
 Make sure your MRI facility is
 Accredited by the American
 College of Radiology
 and can provide your doctor
 with 24 hour results.*

OUR'S CAN!



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.

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. Some implants (e.g. a pacemaker) may be affected by a MRI examination. Clinic personnel will determine whether or not you should proceed with the MR examination.

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

ULTRASOUND

These are general guidelines. Please contact the center prior to your appointment for detailed instructions.

Abdominal Ultrasound:

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

Pelvic/OB <30 weeks:

Please drink four 8-ounce glasses of water 1 hour prior to your appointment time. Your bladder must be full upon arrival.

Renal Ultrasound:

Please do not eat or drink (NPO) 8 hours prior to the exam. Please drink 32 ounces of water 1 hour prior to your appointment time.

Most Insurances Accepted Including:

- | | |
|--------------------------|---------------------|
| • Aetna | • Medicaid |
| • Amco | • Medicare |
| • AR Kids | • Qualchoice |
| • Blue Cross/Blue Shield | • Tri Care |
| • Cigna | • United Healthcare |
| • First Health | • Workers Comp |

If your insurance is not listed, please call our office for further details.