



Touchstone Imaging

PENSACOLA

Appt. Date: _____

Appt. Time: _____

850.475.9040

Fax: 850.475.9049

4996 N. Davis Hwy.

Pensacola, FL 32503



Tax ID: 463806118

NPI: 1255741823

Patient Name: _____ DOB: _____ Phone: _____ Cell: _____

Deliver CD to office Send CD w/patient Call Report STAT _____
Pager or cell # _____

Diagnosis with ICD-10 Codes: _____

Referring Physician Signature Required Below

Referring Dr. Signature: _____ Scan as Ordered May Modify Exam at Radiologist's Discretion if Clinically Indicated

Referring Physician (Printed): _____

Office Phone # _____ Office fax # _____

Referring office contact: _____ Authorization: _____

MRI

without contrast with & without contrast If recent creatinine not available, we will draw lab.

3T High Field

1.5T High Field Wide Bore

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Brachial Plexus | <input type="checkbox"/> MRA Abdomen: Attn: _____ | <input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> MRA Head (Cerebral) | <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Humerus <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> Pituitary | <input type="checkbox"/> MRA Neck (Carotids) | <input type="checkbox"/> Hip(s) <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> Orbits/Brain | <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Femur <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Foreman <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> Internal Auditory Canal/Brain | <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> TMJ's | <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Tib/Fib <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R |
| | <input type="checkbox"/> Sacral Spine | <input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> MR Arthrogram <input type="checkbox"/> L <input type="checkbox"/> R |
| | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist |
| | <input type="checkbox"/> MRCP | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle |

CT

without contrast with & without contrast If recent creatinine not available, we will draw lab.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Brain | <input type="checkbox"/> CT Enterography | <input type="checkbox"/> Cervical Spine | CT Angiography 3D Reformat |
| <input type="checkbox"/> Pituitary | <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> CTA Brain |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Chest <input type="checkbox"/> Hi-Res Chest | <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> CTA Neck |
| <input type="checkbox"/> Sinus <input type="checkbox"/> Coronal <input type="checkbox"/> Axial & Coronal | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Extremity <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> CTA Renal |
| <input type="checkbox"/> Stealth Sinus | <input type="checkbox"/> Pelvis | (specify): _____ | <input type="checkbox"/> CTA Chest |
| <input type="checkbox"/> Mandible/Facial Bones | <input type="checkbox"/> Abdomen/Pelvis | <input type="checkbox"/> Hip | <input type="checkbox"/> CTA Abdomen/Pelvis |
| <input type="checkbox"/> Internal Auditory Canals | <input type="checkbox"/> Kidney Stone Protocol | <input type="checkbox"/> CT Arthrogram <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Temporal Bones | Abd/Pel w-o | <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist | |
| | <input type="checkbox"/> IVP w/CT cuts | <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle | |

Ultrasound

- | | | |
|--|--|---|
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Pelvic/Transvaginal | <input type="checkbox"/> Ankle Brachial Index (ABI) |
| <input type="checkbox"/> Soft Tissue _____ | <input type="checkbox"/> Testicular/Scrotal | <input type="checkbox"/> Venous Reflux |
| <input type="checkbox"/> Abdomen Complete | <input type="checkbox"/> Carotid Doppler | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilateral |
| <input type="checkbox"/> Abdomen Limited Attn: _____ | <input type="checkbox"/> Arterial Duplex | <input type="checkbox"/> Venous Doppler |
| <input type="checkbox"/> Renal Ultrasound <input type="checkbox"/> Renal Doppler | <input type="checkbox"/> Upper Extremity | <input type="checkbox"/> Upper Extremity <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilateral |
| <input type="checkbox"/> OB Ultrasound more than 14 weeks | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilateral | <input type="checkbox"/> Lower Extremity <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilateral |
| <input type="checkbox"/> OB Ultrasound less than 14 weeks | <input type="checkbox"/> Lower Extremity/ABI | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilateral | |

X-Ray

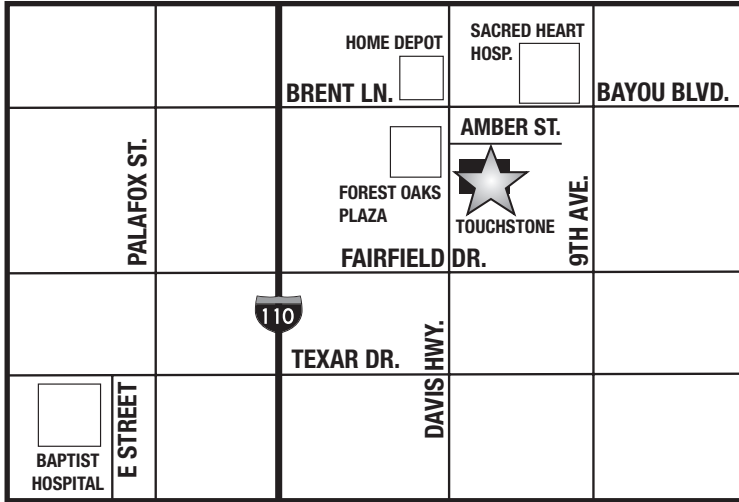
Exam Requested _____ L R

PLEASE FAX COPY OF PATIENT DEMOGRAPHICS & INSURANCE CARDS



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www.touchstoneimaging.com

Directions to Touchstone Imaging

From I-10:

Take I-110 south. Exit I-110 Brent Lane (Exit 5)
 Turn left at stoplight onto Brent Lane.
 Turn right at second stoplight from Brent onto Davis.
 Proceed South on Davis Hwy 0.2 miles.
 Touchstone Imaging is on your left at the corner of Amber St & Davis Hwy.

FROM BAPTIST HOSPITAL:

Turn right from "E" Street onto Texar Drive.
 Turn left at 3rd stoplight onto Davis Hwy. Proceed North on Davis Hwy. 1.6 miles. You will pass both, Florida Surgery Center and The Endoscopy Center on your right.
 Touchstone Imaging is on your right at the corner of Davis Hwy. and Amber Street.

FROM SACRED HEART HOSPITAL:

Turn right from 9th Ave onto Bayou Blvd.
 (Bayou Blvd. Becomes Brent Lane) Turn left at stoplight onto Davis Hwy.
 Proceed South on Davis Hwy. 0.2 miles
 Touchstone imaging is on your left at the corner of Amber St. and Davis Hwy.



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

Contact 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 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. Nothing to eat or drink 4 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 IV contrast 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) 8 hours prior to the exam.

Pelvic/OB <30 weeks:

Please drink four 8-ounce glasses of water 2 hours prior to your appointment time. Your bladder must be full upon arrival.

Renal Ultrasound:

Please do not eat or drink (NPO) 6 hours prior to the exam.
 Please drink 32 ounces of water 1 hour prior to your appointment time.

Most Insurances Accepted Including:

- | | |
|-------------------------------|----------------|
| • Aetna | • Mailhandlers |
| • BC/BS Alabama/Florida | • Medicare |
| • Cigna (Medicare) | • Multiplan |
| • Coventry Healthcare Florida | • TriCare |
| • Humana | • UHC |

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

- Discounted Cash Prices
- Evening and Weekend Appointments
- Reports to physicians within 24 hours