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|--|---|--|---|---|--|--|---|
| <input type="checkbox"/> ARLINGTON 817-472-0801 Fax: 817-472-0840 | <input type="checkbox"/> BURLESON 817-447-3443 Fax: 817-447-9094 | <input type="checkbox"/> DENTON 940-320-6901 Fax: 940-320-6969 | <input type="checkbox"/> FLOWER MOUND 972-724-0100 Fax: 972-724-4455 | <input type="checkbox"/> DT FT WORTH 817-922-7780 Fax: 817-768-3255 | <input type="checkbox"/> DT FT WORTH PET/CT 817-335-5370 Fax: 817-335-5318 | <input type="checkbox"/> SW FORT WORTH 817-294-1131 Fax: 817-294-3882 | <input type="checkbox"/> FOSSIL CREEK 817-428-5002 Fax: 817-428-8101 |
| <input type="checkbox"/> GRAND PRAIRIE 972-579-4480 Fax: 972-579-3909 | <input type="checkbox"/> HURST 817-498-6575 Fax: 817-498-8854 | <input type="checkbox"/> KELLER 817-482-2000 Fax: 817-482-2050 | <input type="checkbox"/> LAS COLINAS 214-647-6161 Fax: 214-647-6162 | <input type="checkbox"/> LEWISVILLE 972-434-6737 Fax: 972-434-6739 | <input type="checkbox"/> MCKINNEY 214-250-5090 Fax: 214-250-5095 | <input type="checkbox"/> MESQUITE 972-289-5558 Fax: 972-289-5786 | <input type="checkbox"/> PLANO 972-378-6858 Fax: 972-378-9088 |
| <input type="checkbox"/> RED OAK 972-617-7731 Fax: 214-736-9234 | <input type="checkbox"/> RICHARDSON 972-744-0882 Fax: 972-744-0884 | <input type="checkbox"/> SOUTHLAKE 817-424-4800 Fax: 817-305-5050 | <input type="checkbox"/> WACO 254-755-4410 Fax: 254-755-4413 | <input type="checkbox"/> DALLAS FOREST LN 214-369-3795 Fax: 866-225-8389 | <input type="checkbox"/> DALLAS: <input type="checkbox"/> Advanced <input type="checkbox"/> Junius <input type="checkbox"/> NorthPark <input type="checkbox"/> Sammons 214-820-1700 Fax: 214-989-6684 | | |

Patient Name: _____ DOB: _____

Cell Phone: _____ Insurance: _____

Home Phone: _____ Insurance ID#: _____

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 _____
Pager or 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: _____

1.5T MRI **Open MRI** **MRAngiogram** **3T** (Advanced, Junius) **ULTRASOUND**

Without Contrast With & Without Contrast

Exam Requested: _____

ARTHROGRAM (with intra-articular contrast): **MRI** **CT**

Specify _____

CT **CTA (W/3D Reformat)**

Without Contrast With Contrast With & Without Contrast

Creatinine Drawn On Site Labs attached (within 30 days)

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?

When & Where: _____

Standard Body (eyes to thigh) Whole Body (head to toe)

Brain Myocardial Limited area as noted _____

PET/CT Amyvid

X-RAY Exam Requested: _____

FLUOROSCOPY Exam Requested: _____

MYELOGRAM (Advanced, DT Fort Worth, Keller, Plano, Southlake)

Cervical _____ Thoracic _____ Lumbar _____

Abdominal Complete _____

Abdominal Doppler Complete

Abdominal Limited _____

Aorta

Arterial Doppler Lower Extremity: Right Left Bilat

With ABI

Arterial Doppler Upper Extremity: Right Left Bilat

With ABI

Breast Right Left Bilat

Carotid Artery Doppler

Obstetrical > 14 weeks

Obstetrical < 14 weeks

Pelvic(w/transvaginal, if needed)

Pelvic Only

Renal Artery Doppler

Renal Complete

Scrotum

Segmental Pressure (Grapevine, Junius)

Soft Tissue _____

Transvaginal Only

Thyroid

Venous Doppler Upper Extremity: Right Left Bilat

Venous Doppler Lower Extremity: Right Left Bilat

Other _____

BONE DENSITY

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

Right Left Bilat

Arlington

817.472.0801 | 817.472.0840 fax
601 W. Arbrook Blvd.
Arlington, TX 76014
MRI [Wide Bore] • CT • US • X-Ray/Fluoro
MAMMO [3D] • Bone Density

Burleson

817.447.3443 | 817.447.9094 fax
665 N.E. Alsbury Blvd.
Burleson, TX 76028
MRI [Wide Bore] • CT • US • X-Ray
MAMMO • Bone Density

Dallas Forest Lane

214.369.3795 | 866.225.8389 fax
11617 N. Central Expressway, Suite 132
Dallas, TX 75243
MRI [HF] • CT • US • X-Ray/Fluoro
MAMMO [3D] • Bone Density

Dallas NorthPark

214.820.1700 | 214.989.6684 fax
9101 North Central Expressway, Suite 100
Dallas, TX 75231
MRI [HF] • CT • Calcium Scoring
US • X-Ray/Fluoro

Denton

940.320.6901 | 940.320.6969 fax
1435 S. Loop 288, Suite 101
Denton, TX 76205
MRI [Wide Bore] • CT • US • X-Ray

Flower Mound

972.724.0100 | 972.724.4455 fax
3000 Corporate Court, Suite 400
Flower Mound, TX 75028
MRI [Wide Bore] • CT • US • X-Ray/
Fluoro

Downtown Fort Worth

817.922.7780 | 817.768.3255 fax
1701 West Rosedale
Fort Worth, TX 76104
MRI [HF] • CT • US • X-Ray/Fluoro
MAMMO [3D] • Bone Density • Myelogram

Downtown Fort Worth PET/CT

817.335.5370 | 817.335.5318 fax
1263 West Rosedale, Suite 105
Fort Worth, TX 76104
PET/CT • Calcium Scoring

Southwest Fort Worth

817.294.1131 | 817.294.3882 fax
6900 Harris Pkwy., Suite 100
Fort Worth, TX 76132
MRI [HF] • CT • US • X-Ray/Fluoro

Fossil Creek

817.428.5002 | 817.428.8101 fax
5455 Basswood Blvd., Suite 550
Fort Worth, TX 76137
MRI [Wide Bore] • CT • US • X-Ray/Fluoro
MAMMO • Bone Density

Grand Prairie

972.579.4480 | 972.579.3909 fax
2740 N. State Hwy. 360, Suite 200
Grand Prairie, TX 75050
MRI [HF] • CT • US • X-Ray/Fluoro
MAMMO • Bone Density

Hurst

817.498.6575 | 817.498.8854 fax
1717 Precinct Line Rd., Suite 103
Hurst, TX 76054
MRI [Open, HF] • CT • US • X-Ray/Fluoro
MAMMO [3D] • Bone Density

Irving – Las Colinas

214-647-6161 | 214-647-6162 fax
440 W I 635, Suite 110
Irving, TX 75063
MRI [Wide Bore] • CT • US • X-Ray

Keller

817.482.2000 | 817.482.2050 fax
601 South Main Street, Suite 100
Keller, TX 76248
MRI [Wide Bore] • CT • Calcium Scoring
US • X-Ray/Fluoro • MAMMO [3D]
Bone Density • Myelogram

Lewisville

972.434.6737 | 972.434.6739 fax
190 Civic Circle, Suite 125
Lewisville, TX 75067
MRI [HF] • CT • US • X-Ray

McKinney

214.250.5090 | 214.250.5095 fax
5321 W. University
McKinney, TX 75071
MRI [Wide Bore] • CT • US
X-Ray/Fluoro • MAMMO

Mesquite

972.289.5558 | 972.289.5786 fax
1425 Gross Rd., Suite 130
Mesquite, TX 75149
MRI [Wide Bore, HF] • CT • US
X-Ray/Fluoro • MAMMO [3D] • Bone Density

Plano

972.378.6858 | 972.378.9088 fax
3304 Communications Pkwy., Suite 201
Plano, TX 75093
MRI [Wide Bore, HF] • CT • US
X-Ray/Fluoro • Myelogram

Red Oak

972.617.7731 | 214.736.9234 fax
305 East Ovilla Road
Red Oak, TX 75154
MRI [HF] • CT • US • X-Ray/Fluoro
MAMMO [3D] • Bone Density

Richardson

972.744.0882 | 972.744.0884 fax
1910 N. Collins Blvd.
Richardson, TX 75080
MRI [HF] • CT • US • X-Ray

Southlake

817.424.4800 | 817.305.5050 fax
925 E Southlake Blvd., Suite 220
Southlake, TX 76092
MRI [Wide Bore] • CT • US • X-Ray/Fluoro
Myelogram

Waco

254.755.4410 | 254.755.4413 fax
312 Richland West Circle
Waco, TX 76712
MRI [HF Open MRI] • CT • US
X-Ray/Fluoro

Advanced Imaging Center

214.820.1700 | 214.989.6684 fax
411 N. Washington Ave., Suite 1000
Dallas, TX 75246
MRI [3T Wide Bore, HF] • CT • X-Ray/Fluoro • Myelogram

Baylor Diagnostic Imaging Center at Junius

214.820.1700 | 214.989.6684 fax
3900 Junius Street, Suite 100
Dallas, TX 75246
MRI [3T Wide Bore, HF] • CT • Calcium Scoring • PET/CT • US
X-Ray/Fluoro • Segmental Pressures

Baylor Charles A. Sammons Cancer Center

214.820.1700 | 214.989.6684 fax
3410 Worth Street, Suite 770
Dallas, TX 75246
MRI [Wide Bore]

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.



www.touchstoneimaging.com

