Touchstone
MEDICAL IMAGING

Please Select Facility

ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

Appt. Date

Appt. Time

❑ Round Rock	❑ North Austin	❑ Central Austin	❑ South Austin	❑ Kyle
15808 RR 620 N Suite 110 Austin, Texas 78717	11575 Jollyville Road Austin, Texas 78759	711 West 38th Street Suite B7 Austin, Texas 78705	4316 James Casey Street Suite E1 Austin, Texas 78745	135 Bunton Creek Road Suite 101 Kyle, Texas 78640

Centralized Scheduling: 512.454.9597 • Centralized Fax: 512.459.7449

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 OR ICD-10 CODE(S): _____

REASON FOR EXAM: _____

❑ **Oral Sedation**

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

❑ **STAT Fax#** _____

❑ Deliver CD to Office

❑ Send CD w/Patient

❑ Please Compare to Previous _____

PLEASE FAX SIGNED ORDERS, DEMOGRAPHICS, INSURANCE AND CLINICALS

Print Referring Dr.: _____ Referring Office Contact: _____

Please Print Legibly

Office Phone: _____ Office Fax: _____

❑ **1.5T MRI** ❑ **3T MRI** ❑ **1.5T Large Bore** ❑ **3T Large Bore**
❑ **Claustrohpobic**

- ❑ **Without Contrast** ❑ **With & Without Contrast**
- ❑ Exam Requested:

_____

_____

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

- ❑ Specify _____

_____

❑ **CT** ❑ **CTA** (W/3D Reformat)

- ❑ **Without Contrast** ❑ **With Contrast** ❑ **With & Without Contrast**
- ❑ Labs attached (within 30 days)
- ❑ Exam Requested:

_____

_____

❑ **X-RAY # of Views**____ ❑ Chest ❑ Spine _____

- ❑ Extremity: _____ ❑ Right ❑ Left
- ❑ Limb Length: _____
- ❑ Other: _____

❑ **Notes** _____

_____

_____

_____

_____

_____

❑ **ULTRASOUND**

- ❑ Abdominal Complete _____
- ❑ Abdominal Doppler Complete
- ❑ Abdominal Limited _____
- ❑ Aorta
- ❑ Arterial Doppler Lower Extremity: ❑ Right ❑ Left ❑ Bilat
  Includes ABI
- ❑ Arterial Doppler Upper Extremity: ❑ Right ❑ Left ❑ Bilat
  Includes ABI
- ❑ Breast ❑ Right ❑ Left ❑ Bilat
- ❑ Carotid Artery Doppler
- ❑ Obstetrical > 14 weeks
- ❑ Obstetrical < 14 weeks, Trans Vag and Trans Abd
- ❑ Pelvic (w/transvaginal, if needed)
- ❑ Pelvic Only
- ❑ Renal Artery Doppler
- ❑ Renal Complete
- ❑ Soft Tissue _____
- ❑ Testicular - Includes Doppler
- ❑ Transvaginal Only
- ❑ Thyroid
- ❑ Venous Doppler Upper Extremity: ❑ Right ❑ Left ❑ Bilat
- ❑ Venous Doppler Lower Extremity: ❑ Right ❑ Left ❑ Bilat
- ❑ Other _____

❑ **BONE DENSITY**

❑ **FLUOROSCOPY** ❑ Exam Requested: _____

_____

_____

❑ **MYELOGRAM**

❑ Cervical _____ ❑ Thoracic _____ ❑ Lumbar _____

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15808 RR 620 N
Suite 110
Austin, Texas 78717

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11575 Jollyville Road
Austin, Texas 78759

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Austin, Texas 78705

South Austin
4316 James Casey Street
Suite E1
Austin, Texas 78745

Kyle
135 Bunton Creek Road
Suite 101
Kyle, Texas 78640

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)

Please contact center for prep.

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

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.

FLUORO/IVP Please contact center for prep.

X-RAY No Prep.

Contact us to sign up for PACS today at: atxpacs@touchstoneimaging.com

OUR MISSION

To offer patients and physicians the highest quality outpatient imaging services, and to support them with a deeply instilled work ethic of personal service and integrity.