Touchstone
MEDICAL IMAGING

ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

Appt. Date _____

Appt. Time _____

*Please Select Facility*

❑ **Touchstone Imaging Medical Center**
7220 Louis Pasteur, Suite 115
San Antonio, TX 78229

❑ **Touchstone Imaging Stone Oak**
18802 Meisner Dr.
San Antonio, TX 78258

❑ **Touchstone Imaging SW Military**
614 S.W. Military Dr.
San Antonio, TX 78221

**Centralized Scheduling: 210.614.0600 • Centralized Fax: 210.614.1611 • Medical Records: 210.616.8000**

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: _____

Office Phone: _____ Office Fax: _____

Please Print Legibly

## MRI

☐ **True Open** ☐ **High Field 1.5T**
☐ **With/Without Contrast** ☐ **Without Contrast**

☐ Brain
☐ Orbits
☐ Pituitary
☐ Internal Auditory Canals
☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Sacrum
☐ Soft Tissue Neck
☐ TMJ

☐ Abdomen ☐ Enterography
☐ Chest
☐ MRCP
☐ Pelvis
☐ Shoulder ☐ R ☐ L
☐ Hip ☐ R ☐ L
☐ Hand ☐ R ☐ L
☐ Wrist ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Knee ☐ R ☐ L

☐ Ankle hind foot ☐ R ☐ L
☐ Foot fore/mid ☐ R ☐ L
☐ Extremity _____ ☐ R ☐ L
☐ MRAngiogram Head
☐ MRAngiogram Neck
☐ MRAngiogram Renal
☐ Arthrogram
☐ Prostate
☐ Other _____

## CT

☐ **Without** ☐ **With** ☐ **With/Without**

☐ Brain
☐ Pituitary ☐ Internal Auditory Canals
☐ Orbits
☐ Sinuses
☐ Mandible/Facial Bones
☐ Temporal Bones
☐ Neck (Soft Tissue)
☐ Chest

☐ Cervical ☐ Lumbar
☐ Thoracic
☐ Abdomen ☐ Pelvis
☐ Abdomen / Pelvis
☐ Kidney Stone Protocol (Abd/Pel wo)
☐ Enterography
☐ Scaphoid ☐ R ☐ L
☐ Hip ☐ R ☐ L
☐ Extremity _____

**CT ANGIOGRAPHY**
☐ CTA Abdomen/Pelvis w/ /MIPS
☐ CTA Neck w/ 3D /MIPS
☐ CTA Renal w/ 3D /MIPS
☐ CTA Chest (P.E. Protocol) w/ /MIPS
☐ Arthrogram
☐ Other _____

## ULTRASOUND

☐ Abdomen Complete (NPO)
☐ Abdomen Doppler Complete (NPO)
☐ Abdomen Limited (NPO)
☐ Aorta (NPO) ☐ Aorta w/Doppler
☐ Carotid Doppler
☐ Groin

☐ OB Less Than 14 Weeks
☐ OB More Than 14 Weeks
☐ Pelvic w/ Transvaginal (if needed)
☐ US Renal
☐ US Renal w/Doppler
☐ US Breast ☐ UNILATERAL ☐ BILATERAL
☐ Soft Tissue _____

☐ Testicular/Scrotal ☐ w/Doppler
☐ Thyroid
☐ Transvaginal only

**VENOUS/ARTERIAL DOPPLER** (Circle One or Both)
☐ Lower Extremity ☐ R ☐ L ☐ BILAT
☐ Upper Extremity ☐ R ☐ L ☐ BILAT
☐ Other _____

## MORE SERVICES

☐ **X-RAY**
Exam Requested: _____

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

☐ **BONE DENSITY**

☐ **FLUOROSCOPY**
Exam Requested: _____

❑ **PET/CT**

❑ **CALCIUM SCORE CT**

❑ **CONE BEAM SINUS CT**

☐ **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


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Touchstone
MEDICAL IMAGING

**Our Mission Statement:**
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.

## PREP INSTRUCTIONS

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/Aorta/Renal w Doppler:**
Please do not eat or drink (NPO) 6-8 hours prior to the exam.
**Pelvic/OB < 30 weeks; Renal:**
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.

www.touchstoneimaging.com

ACR American College of Radiology Accredited Facility