Touchstone
MEDICAL IMAGING

SCHEDULED APPOINTMENT:

Date:_____ Time:_____

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

Diagnosis w/ICD10 Code: _____

Symptoms_____ ❑ Call Report STAT _____
Pager or cell #

Fax order, patient demographics, insurance card, and clinical notes pertaining to exam.

Referring Physician Signature Required Below

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

Referring Physician (Printed): _____ Contact Name: _____ Phone: _____

Ultrasound

- ❑ **Abdomen Limited:** NPO 8 hours prior to exam
- ❑ **Abdomen Complete:** NPO 8 hours prior to exam
- ❑ **Renal (Kidney):** 30 oz of water taken 1 hour prior to exam, full bladder
- ❑ **Renal (Artery):** NPO 8 hours prior to exam, 30oz of water taken 1 hour prior to exam, do not empty bladder
- ❑ **Hernia**
- ❑ **Thyroid** No prep required
- ❑ **Scrotum w/Duplex** No prep required
- ❑ **Transvaginal w/Duplex**

OB EXAMS 30oz of water taken 1 hour prior to exam, do not empty bladder

- ❑ **OB < 14 Wks. w/ Duplex**
- ❑ **OB Complete > 14 Wks.**
- ❑ **OB Follow Up**
- ❑ **Pelvis w/Duplex:** 30oz of water taken 1 hour prior to exam, do not empty bladder
- ❑ **Carotid** No prep required
- ❑ **Venous w/Duplex** ☐L ☐R ☐Bilat No prep required
- ❑ **Arterial Duplex** ☐L ☐R ☐Bilat No prep required
- ❑ **Extremity (non vascular)**
- ❑ **Soft Tissue Neck**
- ❑ **Other (please specify):** _____

MRI

Circle One: without contrast with & without contrast Creatinine_____ (patients over 60)

- ❑ **Brain**
- ❑ **Pituitary**
- ❑ **Orbits/Brain**
- ❑ **Internal Auditory Canal/Brain**
- ❑ **Soft Tissue Neck**
- ❑ **Cervical Spine**
- ❑ **Thoracic Spine**
- ❑ **Lumbar Spine**
- ❑ **Pelvis**
- ❑ **Abdomen (No liver studies) HF Only**
- ❑ **MRCP Abdomen:** NPO 6 hours prior to exam. **HF Only**
- ❑ **MRA Head (Cerebral)**
- ❑ **MRA Neck (Carotids)**
- ❑ **Hand** ☐L ☐R
- ❑ **Wrist** ☐L ☐R
- ❑ **Elbow** ☐L ☐R
- ❑ **Shoulder** ☐L ☐R
- ❑ **Hip** ☐L ☐R
- ❑ **Knee** ☐L ☐R
- ❑ **Ankle** ☐L ☐R
- ❑ **Foot** ☐L ☐R
- ❑ **Other (please specify):** _____ _____

CT

Circle One: with contrast without contrast with & without contrast Creatinine_____ (patients over 60)

- ❑ **Head**
- ❑ **Sinus/Facial Bones**
- ❑ **Temporal Bones**
- ❑ **Orbits**
- ❑ **Soft Tissue Neck**
- ❑ **Chest**
- ❑ **Abdomen**
- ❑ **Abdomen/Pelvis**
- ❑ **Pelvis**
- ❑ **Cervical Spine**
- ❑ **Thoracic Spine**
- ❑ **Lumbar Spine**
- ❑ **CTA Head**
- ❑ **CTA Neck (Carotids)**
- ❑ **CTA Chest**
- ❑ **CTA Abdomen/Pelvis**
- ❑ **CTA Runoff**
- ❑ **Hand** ☐L ☐R
- ❑ **Wrist** ☐L ☐R
- ❑ **Elbow** ☐L ☐R
- ❑ **Shoulder** ☐L ☐R
- ❑ **Hip** ☐L ☐R
- ❑ **Knee** ☐L ☐R
- ❑ **Ankle** ☐L ☐R
- ❑ **Foot** ☐L ☐R
- ❑ **Other (please specify):** _____ _____

X-Ray

Exam Requested _____ ❑ L ❑ R

❑ Bone Density Broken Arrow Only

Arthrogram

❑ **MRI** ❑ **CT** Broken Arrow, Edmond & Norman Locations Only

- ❑ **Wrist** ☐L ☐R
- ❑ **Elbow** ☐L ☐R
- ❑ **Shoulder** ☐L ☐R
- ❑ **Hip** ☐L ☐R
- ❑ **Knee** ☐L ☐R
- ❑ **Ankle** ☐L ☐R

☐ **BROKEN ARROW**
1755 North Aspen Avenue
Broken Arrow, OK 74012-1197
Phone: 918.251.0400 ***Fax:*** 918.251.8814

SERVICES: MRI [1.5 HF] • CT • US • X-ray
Arthrogram

☐ **EDMOND**
902 South Bryant Avenue
Edmond, OK 73034-5742
Phone: 405.348.1900 ***Fax:*** 405.348.0423

SERVICES: MRI [1.5 HF Wide-Bore] • CT • US
X-ray • Mammo • Bone Density (DEXA)
Arthrogram

☐ **MIDWEST CITY**
2300 S Douglas Boulevard
Midwest City, OK 73130-7114
Phone: 405.736.9222 ***Fax:*** 405.736.9144

SERVICES: MRI [.7 HF Open] • CT • US • X-ray

☐ **NORMAN**
705 Wall Street
Norman, OK 73069-6360
Phone: 405.579.1505 ***Fax:*** 405.579.1530

SERVICES: MRI [1.5 HF] • CT • US • X-ray
Arthrogram

☐ **NORMAN ANNEX**
712 Wall Street
Norman, OK 73069-6360
Phone: 405.579.1505 ***Fax:*** 405.579.1530

SERVICES: US

☐ **OKLAHOMA CITY**
4901 N. May Avenue, Suite 100
Oklahoma City, OK 73112-6041
Phone: 405.943.0055 ***Fax:*** 405.943.0078

SERVICES: MRI [1.5 HF, 1.5 HF Wide-Bore] • CT
US • X-ray

☐ **STILLWATER**
1909 West 6th Avenue, Suite A
Stillwater, OK 74074-4204
Phone: 405.743.0845 ***Fax:*** 405.743.0846

SERVICES: MRI [1.5 HF Wide-Bore] • CT • US
X-ray

☐ **TULSA - MIDTOWN**
1121 South Lewis Avenue
Tulsa, OK 74104-3905
Phone: 918.712.2000 ***Fax:*** 918.712.2100

SERVICES: MRI [1.5 HF Wide-Bore] • CT • US
X-ray • Bone Density (DEXA)

☐ **YUKON**
1751 Garth Brooks Boulevard, Suite 105
Yukon, OK 73099-6349
Phone: 405.350.6860 ***Fax:*** 405.350.6823

SERVICES: MRI [1.5 HF Wide-Bore] • CT • US
X-ray