Touchstone
MEDICAL IMAGING

*Please Select Facility - See back for specific location information*

ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

Appt. Date

Appt. Time

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ❑ **ARLINGTON ARBROOK BLVD.**<br>817-472-0801<br>Fax: 817-472-0840 | ❑ **ARLINGTON BREAST CENTER**<br>817-472-0801<br>Fax: 817-472-0840 | ❑ **BURLESON**<br>817-447-3443<br>Fax: 817-447-9094 | ❑ **DENTON**<br>940-320-6901<br>Fax: 940-320-6969 | ❑ **FLOWER MOUND**<br>972-724-0100<br>Fax: 972-724-4455 | ❑ **DT FT WORTH**<br>817-922-7780<br>Fax: 817-768-3255 | ❑ **DT FT WORTH PET/CT**<br>817-335-5370<br>Fax: 817-335-5318 | ❑ **SW FORT WORTH**<br>817-294-1131<br>Fax: 817-294-3882 | ❑ **FOSSIL CREEK**<br>817-428-5002<br>Fax: 817-428-8101 | ❑ **NORTH GARLAND**<br>972-495-7756<br>Fax: 972-495-1837 |
| ❑ **GRAND PRAIRIE**<br>972-990-4480<br>Fax: 972-579-3909 | ❑ **HURST**<br>817-498-6575<br>Fax: 817-498-8854 | ❑ **SOUTH IRVING**<br>469-299-8549<br>Fax: 469-299-8547 | ❑ **LAS COLINAS**<br>214-647-6161<br>Fax: 214-647-6162 | ❑ **KELLER**<br>817-482-2000<br>Fax: 817-482-2050 | ❑ **LEWISVILLE**<br>972-434-6737<br>Fax: 972-434-6739 | ❑ **MCKINNEY**<br>214-250-5090<br>Fax: 214-250-5095 | ❑ **MESQUITE**<br>972-289-5558<br>Fax: 972-289-5786 | ❑ **MIDLOTHIAN - MIDWAY**<br>469-846-8100<br>Fax: 469-846-8101 | ❑ **PLANO**<br>972-378-6858<br>Fax: 972-378-9088 |
| ❑ **RED OAK**<br>972-617-7731<br>Fax: 214-736-9234 | ❑ **RICHARDSON**<br>972-744-0882<br>Fax: 972-744-0884 | ❑ **ROCKWALL**<br>469-897-5660<br>Fax: 469-897-5661 | ❑ **SOUTHLAKE**<br>817-424-4800<br>Fax: 817-305-5050 | ❑ **WEATHERFORD**<br>682-803-0010<br>Fax: 682-803-0020 | ❑ **DT DALLAS**<br>214-515-0016<br>Fax: 214-515-0026 | ❑ **DALLAS FOREST LN**<br>214-369-3795<br>Fax: 866-225-8389 | ❑ **Advanced**<br>❑ **Junius**<br>❑ **North Dallas**<br>❑ **Sammons** | **CENTRALIZED SCHEDULING**<br>972-560-9000<br>Fax: 214-989-6684 | |

Patient Name: _____ DOB: _____

Cell Phone: _____ Insurance ID#: _____

Home/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** _____ 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: _____

## MRI

❑ **1.2T Open MRI** ❑ **1.5T High-Field MRI**
❑ **1.5T Wide-Bore MRI** ❑ **3T MRI**
❑ **MRAngiogram**
❑ **Without Contrast** ❑ **With & Without Contrast**

*Labs needed for IV contrast IF:
❑ Age 60 & up ❑ Diabetic ❑ Renal DX
Creatinine: _____

❑ **NeuroQuant®** ❑ **LiverMultiScan®**
❑ **Arthrogram (with intra-articular contrast)**

❑ Head
❑ Brain ❑ *Draw Labs if Needed*
❑ Orbits
❑ Orbits & Brain
❑ Pituitary
❑ Internal Auditory Canals
❑ Cervical
❑ Thoracic
❑ Lumbar
❑ Sacrum
❑ Soft Tissue Neck
❑ Neck
❑ TMJ
❑ Abdomen
❑ Enterography
❑ Chest (HF Only)
❑ MRCP (HF Only)
❑ Renal (HF Only)
❑ Pelvis
❑ Shoulder ❑ R ❑ L
❑ Hip ❑ R ❑ L
❑ Hand ❑ R ❑ L
❑ Wrist ❑ R ❑ L
❑ Elbow ❑ R ❑ L
❑ Knee ❑ R ❑ L
❑ Ankle ❑ R ❑ L
❑ Foot ❑ R ❑ L
❑ Extremity _____
❑ Prostate
❑ Other _____

## CT

❑ **CT** ❑ **CTA (w/ 3D Reformat)**
❑ **With Contrast**
❑ **Without Contrast** ❑ **With & Without Contrast**

*Labs needed for IV contrast IF:
❑ Age 60 & up ❑ Diabetic ❑ Renal DX
Creatinine: _____

❑ **Labs Attached**
❑ **Calcium Scoring**
❑ **Arthrogram (with intra-articular contrast)**

❑ Brain ❑ *Draw Labs if Needed*
❑ Orbits
❑ Pituitary
❑ Internal Auditory Canals
❑ Sinuses ❑ Coronal ❑ Axial & Coronal
❑ Mandible/Facial Bones
❑ Temporal Bones
❑ Soft Tissue Neck
❑ Chest
❑ High-Res Chest
❑ Cervical
❑ Lumbar
❑ Thoracic
❑ Abdomen
❑ Pelvis
❑ Abdomen/Pelvis
❑ Kidney Stone Protocol Abd/Pel wo
❑ Enterography
❑ Scaphoid ❑ R ❑ L
❑ Hip ❑ R ❑ L
❑ Extremity _____
❑ Abdomen/Pelvis w/ 3D Reformat
❑ Neck w/ 3D Reformat
❑ Renal w/ 3D Reformat
❑ Chest (P.E. Protocol) w/ 3D Reformat
❑ Other _____

## ULTRASOUND

❑ Abdominal Complete (NPO)
❑ Abdominal Doppler Complete
❑ Abdominal Limited (NPO)
❑ Aorta
❑ ABI (Arlington Arbrook, Junius)
❑ Arterial Doppler Lower Extremity ❑ R ❑ L ❑ Bilat
❑ Arterial Doppler Upper Extremity ❑ R ❑ L ❑ Bilat
❑ Breast ❑ R ❑ L ❑ Bilat
❑ Carotid Artery Doppler
❑ Gallbladder/Liver/Pancreas
❑ OB Bio Physical Profile
❑ OB > 14 Weeks
❑ OB < 14 Weeks
❑ Pelvic (w/ Transvaginal, if needed)
❑ Pelvic Only
❑ Renal Artery Doppler
❑ Renal Complete
❑ Retroperitoneal Limited (kidneys only)
❑ Retroperitoneal Complete (kidneys/aorta/nodes)
❑ Segmental Pressure (Arlington Arbrook & Junius)
❑ Soft Tissue: _____
❑ Testicular/Scrotal
❑ Thyroid
❑ Transvaginal Only
❑ Venous Doppler Upper Extremity ❑ R ❑ L ❑ Bilat
❑ Venous Doppler Lower Extremity ❑ R ❑ L ❑ Bilat
❑ Other _____

## ADDITIONAL SERVICES

❑ **X-RAY** Exam Requested: _____
❑ **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
- ❑ ABUS 3D Complete Bilateral Breast Ultrasound (Arlington Breast Center)

❑ **MYELOGRAM** ❑ Cervical _____ ❑ Thoracic _____ ❑ Lumbar _____

❑ **BONE DENSITY**
❑ **FLUOROSCOPY** 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? ❑ Yes ❑ No
When & Where: _____
❑ Standard Body (eyes to thighs) ❑ Whole Body (head to toe) ❑ Brain
❑ Myocardial ❑ PET/CT Amyvid ❑ Limited area as noted _____

**PLEASE FAX SIGNED ORDERS, PATIENT DEMOGRAPHICS, INSURANCE & CLINICALS**

☐ **Arlington Arbrook Blvd.**
817.472.0801 | 817.472.0840 fax
601 W. Arbrook Blvd. | Arlington, TX 76014
MRI [1.5T Wide-Bore, 1.2T Open] • CT • US • X-Ray/Fluoro Arthrogram • Segmental Pressures

☐ **Arlington Breast Center**
817.472.0801 | 817.472.0840 fax
4501 Matlock Rd., Ste. 101 | Arlington, TX 76018
Mammo [3D] • Invenia™ ABUS • US • Bone Density

☐ **Burleson**
817.447.3443 | 817.447.9094 fax
665 N.E. Alsbury Blvd. | Burleson, TX 76028
MRI [1.5T Wide-Bore] • CT • US • X-Ray • Mammo [3D] Bone Density

☐ **Dallas Forest Lane**
214.369.3795 | 866.225.8389 fax
11617 N. Central Expressway, Suite 132 | Dallas, TX 75243
MRI [1.5T HF] • CT • US • X-Ray/Fluoro • Mammo [3D] Bone Density • Arthrogram

☐ **Dallas Washington Ave.**
214.515.0016 | 214.515.0026 fax
712 N. Washington Ave., Suite 102 | Dallas, TX 75246
MRI [1.5T Wide-Bore, 1.5T HF] • CT • X-Ray/Fluoro Arthrogram

☐ **North Dallas**
972.560.9000 | 214.989.6684 fax
9101 North Central Expressway, Suite 100 | Dallas, TX 75231
MRI [1.5T HF] • CT • Calcium Scoring • US • X-Ray/Fluoro Arthrogram

☐ **Advanced Imaging Center**
972.560.9000 | 214.989.6684 fax
411 N. Washington Ave., Suite 1000 | Dallas, TX 75246
MRI [3T Wide-Bore,1.5T HF] • CT • X-Ray/Fluoro Myelogram

☐ **Baylor Charles A. Sammons Cancer Center**
972.560.9000 | 214.989.6684 fax
3410 Worth Street, Suite 770 | Dallas, TX 75246
MRI [1.5T Wide-Bore]

☐ **Baylor Diagnostic Imaging Center at Junius**
972.560.9000 | 214.989.6684 fax
3900 Junius Street, Suite 100 | Dallas, TX 75246
MRI [3T Wide-Bore, 1.5T HF] • PET/CT • Calcium Scoring US • X-Ray/Fluoro • Segmental Pressures

☐ **Denton**
940.320.6901 | 940.320.6969 fax
2817 S. Mayhill Rd., Suite 100 | Denton, TX 76208
MRI [3T, 1.5T Wide-Bore] • CT • US • X-Ray • Calcium Scoring

☐ **Downtown Fort Worth**
817.922.7780 | 817.768.3255 fax
1701 West Rosedale | Fort Worth, TX 76104
MRI [3T Wide-Bore, 1.5T HF] • CT • US • X-Ray/Fluoro Mammo [3D] • Bone Density • Arthrogram • Myelogram Calcium Scoring

☐ **Downtown Fort Worth PET/CT**
817.335.5370 | 817.335.5318 fax
1263 West Rosedale, Suite 105 | Fort Worth, TX 76104
PET/CT

☐ **Flower Mound**
972.724.0100 | 972.724.4455 fax
3000 Corporate Court, Suite 400 | Flower Mound, TX 75028
MRI [1.5T Wide-Bore] • CT • US • X-Ray/Fluoro Arthrogram

☐ **Fossil Creek**
817.428.5002 | 817.428.8101 fax
5455 Basswood Blvd., Suite 550 | Fort Worth, TX 76137
MRI [1.5T Wide-Bore] • CT • US • X-Ray • Mammo [3D] Bone Density • Arthrogram

☐ **Grand Prairie**
972.990.4480 | 972.579.3909 fax
2740 N. State Hwy. 360, Suite 200 | Grand Prairie, TX 75050
MRI [1.5T HF] • CT • US • X-Ray/Fluoro • Mammo [3D] Bone Density • Arthrogram • Myelogram

☐ **Hurst**
817.498.6575 | 817.498.8854 fax
1717 Precinct Line Rd., Suite 103 | Hurst, TX 76054
MRI [1.5T Wide-Bore] • CT • US • X-Ray/Fluoro Mammo [3D] • Bone Density • Arthrogram • Calcium Scoring

☐ **South Irving**
469.299.8549 | 469.299.8547 fax
2005 West Park Drive, Suite 110 | Irving, TX 75061
MRI [1.5T HF] • CT • US • X-Ray • Arthrogram

☐ **Keller**
817.482.2000 | 817.482.2050 fax
601 South Main Street, Suite 100 | Keller, TX 76248
MRI [1.5T Wide-Bore] • CT • Calcium Scoring • US X-Ray/Fluoro • Mammo [3D] • Bone Density • Arthrogram Myelogram

☐ **Las Colinas**
214.647.6161 | 214.647.6162 fax
440 W I 635, Suite 110 | Irving, TX 75063
MRI [1.5T Wide-Bore] • CT • US • X-Ray

☐ **Lewisville**
972.434.6737 | 972.434.6739 fax
190 Civic Circle, Suite 125 | Lewisville, TX 75067
MRI [1.5T HF] • CT • US • X-Ray • Mammo [3D] Bone Density

☐ **McKinney**
214.250.5090 | 214.250.5095 fax
5321 W. University | McKinney, TX 75071
MRI [1.5T Wide-Bore] • CT • US • X-Ray

☐ **Mesquite**
972.289.5558 | 972.289.5786 fax
1425 Gross Rd., Suite 130 | Mesquite, TX 75149
MRI [1.5T Wide-Bore, 1.5T HF] • CT • US • X-Ray/Fluoro Mammo [3D] • Bone Density • Arthrogram

☐ **Midlothian-Midway**
469.846.8100 | 469.846.8101 fax
4431 E. US-Hwy 287, Suite 120 | Midlothian, TX 76065
MRI [1.5T Wide-Bore] • CT • US • X-Ray • Mammo [3D] Bone Density • Calcium Scoring

☐ **North Garland**
972.495.7756 | 972.495.1837 fax
7217 Telecom Pkwy., Suite 150 | Garland, TX 75044
MRI [1.5T Wide-Bore] • CT • US • X-Ray/ Fluoro Mammo [3D] • Bone Density • Arthrogram

☐ **Plano**
972.378.6858 | 972.378.9088 fax
3304 Communications Pkwy., Suite 201 | Plano, TX 75093
MRI [3T & 1.5T Wide-Bore] • CT • US • X-Ray/Fluoro Arthrogram • Myelogram

☐ **Red Oak**
972.617.7731 | 214.736.9234 fax
305 East Ovilla Road | Red Oak, TX 75154
MRI [1.5T HF] • CT • US • X-Ray/Fluoro • Mammo [3D] Bone Density • Arthrogram

☐ **Richardson**
972.744.0882 | 972.744.0884 fax
1910 N. Collins Blvd. | Richardson, TX 75080
MRI [1.5T HF] • CT • US • X-Ray

☐ **Rockwall**
469.897.5660 | 469.897.5661 fax
901 Rockwall Parkway | Rockwall, TX 75032
MRI [3T Wide-Bore] • CT • US • X-Ray • Arthrogram Calcium Scoring

☐ **Southlake**
817.424.4800 | 817.305.5050 fax
925 E Southlake Blvd., Suite 220 | Southlake, TX 76092
MRI [1.5T Wide-Bore] • CT • Calcium Scoring • US X-Ray/Fluoro • Arthrogram • Myelogram

☐ **Southwest Fort Worth**
817.294.1131 | 817.294.3882 fax
6900 Harris Pkwy., Suite 100 | Fort Worth, TX 76132
MRI [1.5T Wide-Bore] • CT • US • X-Ray/Fluoro Arthrogram

☐ **Weatherford**
682.803.0010 | 682.803.0020 fax
250 Santa Fe Drive | Weatherford, TX 76086
MRI [1.5T Wide-Bore] • CT • US • X-Ray • Calcium Scoring

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.