



Patient Name: _____ DOB: _____
Cell Phone: _____ Insurance ID#: _____
Home/Work Phone: _____ Authorization: _____

Referring Physicians Signature: _____ **STAT CALL** _____
Pager or cell phone #
 May modify exam at radiologists discretion if clinically indicated Scan as Ordered Deliver Films or CD to Office
circle one
Diagnosis: _____ Send Films or CD w/Patient
circle one

Print Referring Dr.: _____ Referring Office Contact: _____
Office Phone: _____ Office Fax: _____

OPEN MRI

With/Without Contrast Without Contrast

*** Labs Needed For IV Contrast IF:**
 Age 60 & Up Diabetic Renal DX
Creatinine: _____

Brain Draw Labs if Needed
 Orbits Orbits & Brain
 Pituitary
 Internal Auditory Canals (IAC's)

Soft Tissue Neck
 Cervical Spine Thoracic Spine
 Lumbar Spine Sacrum
 TMJ
 Abdomen
 Brachial Plexus
 Abdomen Attn: _____
 MRCP
 Pelvis
 Hip L R

Shoulder L R
 Elbow L R
 Wrist L R
 Hand L R
 Knee L R
 Ankle L R
 Foot L R
 MRA Head MRA Neck
 MRA Renal
 Arthrogram
 Other _____

CT

With Contrast Without Contrast

*** Labs Needed For IV Contrast IF:**
 Age 60 & Up Diabetic Renal DX
Creatinine: _____

Brain Draw Labs if Needed
 Orbits
 Sinuses
 Maxillofacial
 Internal Auditory Canals
 Temporal Bones

Urogram
 Neck (Soft Tissue)
 Chest
 Abdomen
 Pelvis
 Abdomen / Pelvis
 Kidney Stone Protocol Abd/Pel w-o
 Cervical Spine
 Thoracic Spine
 Lumbar Spine

Extremity R L
 (specify) _____
 Hip R L
CT ANGIOGRAPHY 3D Reformat
 CTA Aorta (Chest and Abdomen/Pelvis)
 CTA Neck
 CTA Renal
 CTA Chest (P.E. Protocol)
 Arthrogram
 Other _____

ULTRASOUND

AAA Screening (>65, hx tobacco use)
 Abdomen Complete (NPO)
 Abdomen Limited: RUQ (GB, Liver, Pancreas, CBD, Rt Kidney)
 Abdomen Limited (NPO) _____
 Abdomen Doppler (NPO) _____
 Aorta
 Carotid Artery Doppler
 OB Biophysical Profile
 OB <14 weeks 1st Trimester (w/ TV if needed)

OB >14 Weeks 2nd or 3rd Trimester
 OB Transvaginal
 Pelvic (Transabdominal) only
 Pelvic w/ transvaginal (if needed)
 Transvaginal only
 Renal Artery Doppler
 Renal Complete
 Scrotum/Testicles
 Soft Tissue _____
 Thyroid

Venous Doppler Lower Extremity (Leg) L R
 Venous Doppler Upper Extremity (Arm) L R
 Other _____

X-RAY

Skull Complete
 Facial Bones
 Sinuses
 Chest PA & Lateral
 Ribs (specify) Bilateral L R
 Cervical Spine 2v, 4v, 6 view
 Thoracic Spine
 Lumbar Spine 2v, 4v, 6 View
 KUB
 Abdomen Series
 Pelvis AP

Hip L R
 Femur L R
 Knee L R
 Tibia/Fibula L R
 Ankle L R
 Foot L R

Toe (specify) _____
 Shoulder L R
 Humerus L R
 Elbow L R
 Forearm L R
 Wrist L R
 Hand L R
 Finger (specify) _____
 Other _____

GENERAL INFORMATION

- Bring this form with you to your appointment.
- If possible, bring previously related studies such as x-rays, CT scans, and mammogram films.
- Notify your doctor and the technologist if you are pregnant or think you might be, or if you are breastfeeding.
- Notify us 24 hours in advance, if possible, if you are unable to keep your appointment.
- Report approximately 15 minutes prior to your appointment time.
- Bring insurance card and picture ID.

MRI - YOU CANNOT HAVE A MRI SCAN IF YOU HAVE:

- A pacemaker.
- Aneurysm clips in the brain.
- Ear implants.
- Implanted spinal cord stimulator.
- Metallic fragments in one or both eyes.
- Please let your MRI Technologist know if you have any other metal objects in your body.

CAT SCAN (CT)

Abdomen and/or Pelvis

- Pick-up oral contrast from our office prior to your appointment.
- Start drinking the oral contrast one hour prior to your exam.
- Do not eat or drink anything after midnight.

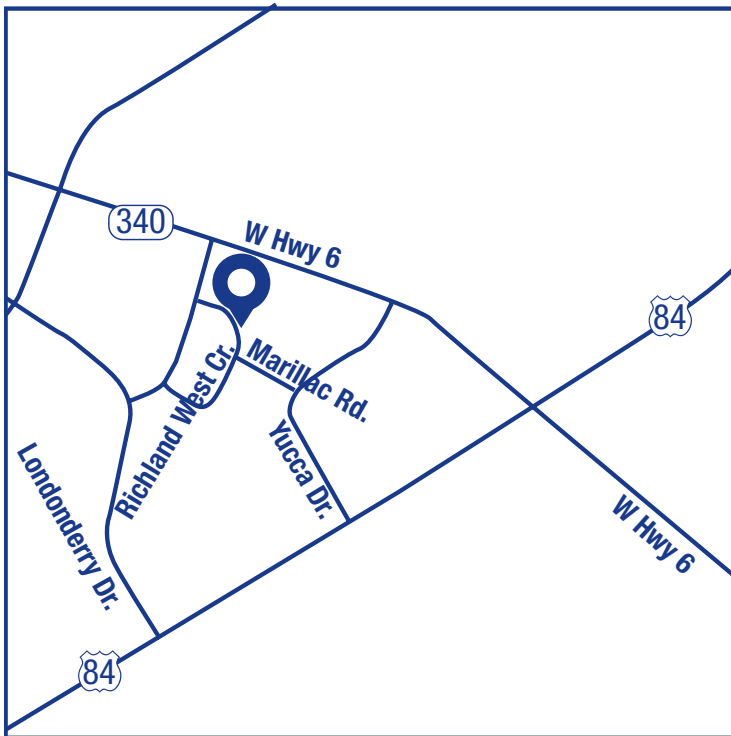
ULTRASOUND

Pelvic/OB

- Drink 32 ounces of any liquid one hour prior to your appointment time.
- Do not empty your bladder until your exam is completed.

Abdominal and Pelvic

- Do not eat or drink anything after midnight.
- After the abdominal portion is completed, you will be asked to fill your bladder for the pelvic portion.



Touchstone
MEDICAL IMAGING

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