Touchstone
MEDICAL IMAGING

P: 501.623.6736
F: 501.623.1610
3633 Central Avenue, Suite 100
Hot Springs, Arkansas 71913

Appointment Date/Time: _____ DOB: _____

PLEASE CALL ORDER IN FOR SAME DAY APPOINTMENTS

Patient Name:_____ Insurance: _____ ID#: _____

Cell Phone:_____ Secondary Ins.:_____ ID#: _____

Home Phone: _____ Authorization: _____

Referring Physician Signature:

ICD-10 Code: _____

_____ _____

May Modify Exam at Radiologist's Discretion if Clinically Indicated — Scan as Ordered

- ☐ **STAT**
- ☐ **Deliver Disk**
- ☐ **Send Disk w/patient**

Diagnosis: _____

Print Referring Dr.: _____ Doctor Office Contact: _____

Office Phone #:_____ Office Fax#:_____

Referral Checklist:

- ☐ **Physician Information, Clinical Notes, & Signature**
- ☐ Name
- ☐ DOB
- ☐ Phone Number
- ☐ Insurance Company & ID Number
- ☐ Secondary Insurance (if patient has)
- ☐ Diagnosis
- ☐ ICD-10 Code (if possible)
- ☐ Type of Scan
- ☐ Demographics
- ☐ Labs (only if you have them)

We will schedule your patient and take care of the PA's once this information is received.

☐ MRI

- ☐ **Open MRI** (over 350lbs or claustrophobic)
- ☐ **High Field MRI**
- ☐ **With & Without Contrast**
- ☐ **Without Contrast**
- ☐ Brain
- ☐ Pituitary
- ☐ IAC
- ☐ Orbits
- ☐ MRA Brain
- ☐ MRA Neck
- ☐ Brachial Plexus
- ☐ Soft Tissue Neck
- ☐ TMJ
- ☐ Spine
  - ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Sacrum
- ☐ Shoulder ☐ R ☐ L
- ☐ Humerus (no joint) ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Lower Leg (no joint)
- ☐ Abdomen (HF only, indicate organ)
- ☐ MRCP (HF only)
- ☐ Pelvis
- ☐ Hip(s) ☐ R ☐ L
- ☐ Femur ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Other_____

☐ CT

*** Labs Needed For IV Contrast IF: (Please fax w/ order if available.)**
☐ **Age 60 & Up** ☐ **Diabetic** ☐ **Renal DX** **Creatinine:** _____

- ☐ **Without With With/Without**
- ☐ **Draw Labs if Needed**
- ☐ Brain
- ☐ 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 w-o
- ☐ Hip ☐ R ☐ L
- ☐ Extremity _____
  _____
- ☐ Hand
- ☐ Wrist
- ☐ Ankle
- ☐ Foot

CT ANGIOGRAPHY

- ☐ CTA Runoff
- ☐ CTA Abdomen/Pelvis w/ 3D Reformat
- ☐ CTA Brain
- ☐ CTA Neck w/ 3D Reformat
- ☐ CTA Abdomen
- ☐ CTA Chest (P.E. Protocol) w/ 3D Reformat
- ☐ Other_____
  _____

PLEASE FAX COPY OF PATIENT DEMOGAPHICS, CLINICAL NOTES, & INSURANCE CARDS

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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.

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. Some implants (e.g. a pacemaker) may be affected by a MRI examination. Clinic personnel will determine whether or not you should proceed with the MR examination.

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.

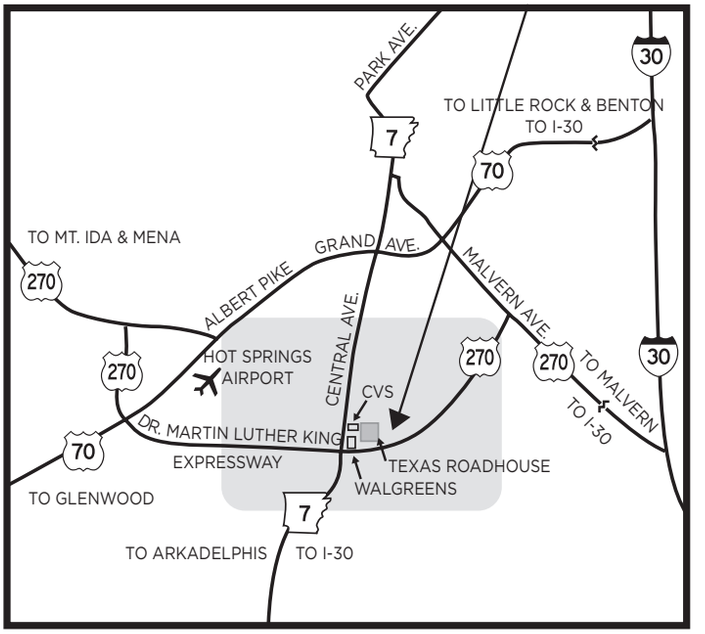
Tell the CT or MRI Technologist:

- 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

Most Insurances Accepted Including:

- Aetna®
- Ambetter®
- Amco
- AR Kids
- Blue Cross® Blue Shield®
- Cigna®
- First Health®
- Medicaid
- Medicare
- QualChoice®
- TRICARE®
- UnitedHealthcare®
- Wellcare®
- Workers Comp

If your insurance is not listed, please call our office for further details.



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