

TOUCHSTONE IMAGING MEDICAL CENTER
7220 Louis Pasteur, Suite 115
San Antonio, TX 78229

TOUCHSTONE IMAGING STONE OAK
18802 Meisner Dr.
San Antonio, TX 78258

CENTRALIZED SCHEDULING: 210-614-0600 • CENTRALIZED FAX: 210-614-1611 • MEDICAL RECORDS: 210-616-8000

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

REFERRING PHYSICIAN SIGNATURE:

X _____
Ordered Date _____

STAT CALL _____ Cell Phone # _____

STAT Fax# _____
 Deliver CD to Office
 Send CD w/Patient
 Please Compare to Previous _____

DIAGNOSIS: _____

PHYSICIAN NOTES:

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

MRI

1.5T High-Field MRI True Open
 MRAngiogram
 Without Contrast With & Without Contrast
*Labs needed for IV contrast IF:
 Age 60 & up Diabetic Renal DX
Creatinine: _____
 Arthrogram

Head
 Brain Draw Labs if Needed
 Orbits
 Pituitary
 Internal Auditory Canals
 Cervical
 Thoracic
 Lumbar
 Sacrum
 Soft Tissue Neck
 Neck

TMJ
 Abdomen
 Enterography
 Liver Multi-Scan
 Elastography
 Chest
 MRCP
 MRCP Plus
 Renal
 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
 Arthrogram

Brain Draw Labs if Needed
 Pituitary
 Internal Auditory Canals
 Orbits
 Sinuses
 Mandible/Facial Bones
 Temporal Bones
 Soft Tissue Neck
 Chest
 Cervical

Lumbar
 Thoracic
 Abdomen
 Pelvis
 Abdomen/Pelvis
 Kidney Stone Protocol
Abd/Pel wo
 Enterography
 Hip R L
 Extremity _____

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

ULTRASOUND

Abdominal Complete (NPO)
 Abdominal Doppler Complete (NPO)
 Abdominal Limited (NPO)
 Aorta (NPO) Aorta w/ Doppler
 Arterial Doppler Lower Extremity R L Bilat
 Arterial Doppler Upper Extremity R L Bilat

Carotid Artery Doppler
 Groin
 OB > 14 Weeks
 OB < 14 Weeks w/ Transvaginal
 Pelvic (w/ Transvaginal, if needed)
 US Renal w/ Doppler

US Breast Unilateral Bilateral
 Soft Tissue: _____
 Testicular/Scrotal w/ Doppler
 Thyroid
 Transvaginal Only

Venous Doppler Upper Extremity
 R L Bilat
 Venous Doppler Lower Extremity
 R L Bilat
 Other _____

ADDITIONAL SERVICES

X-RAY
Exam Requested: _____
 MYELOGRAM Cervical _____ Thoracic _____ Lumbar _____
 BONE DENSITY
 FLUOROSCOPY
Exam Requested: _____
 CALCIUM SCORE 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
 PET/CT _____
 CONE BEAM SINUS CT

☐ SAN ANTONIO MEDICAL CENTER

7220 Louis Pasteur, Suite 115
San Antonio, TX 78229-4537
Phone: 210.614.0600 Fax: 210.614.1611
Hours: (M, Th, F) 8am-9pm, (T, W) 8am - 7pm, Weekends by appointment

SERVICES: MRI [Wide-Bore, HF, Open] • CT • US • X-Ray/Fluoro Arthrogram • Myelogram

☐ SAN ANTONIO STONE OAK

18802 Meisner Drive
San Antonio, TX 78258-4251
Phone: 210.614.0600 Fax: 210.614.1611
Hours: (M-F) 8am-6pm, Weekends by appointment

SERVICES: MRI [HF] • CT • PET • US • X-Ray/Fluoro • Mammo [3D] • Bone Density • Arthrogram • Myelogram

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.