Touchstone MEDICAL IMAGING

Please Select Facility

Appt. Date

Appt. Time

❑ **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 ____________________ X ____________________ ____________

May modify exam at radiologists discretion if clinically indicated. — Scan as Ordered — Ordered Date

DIAGNOSIS: ____________________

PHYSICIAN NOTES:

❑ **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

❑ **1.5T 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**

PLEASE FAX SIGNED ORDERS, PATIENT DEMOGRAPHICS, INSURANCE & CLINICALS

❑ **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.

www.touchstoneimaging.com