

SOUTH AUSTIN
4316 James Casey Street, Suite E-1
Austin, TX 78745-1157
Phone: 512.454.9597
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CENTRAL AUSTIN
711 W. 38th Street, Suite B-7
Austin, TX 78705-1121
Phone: 512.454.9597
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NORTH AUSTIN
11575 Jollyville Road
Austin, TX 78759-4028
Phone: 512.454.9597
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ROUND ROCK
15808 RR 620 North, Suite 110
Austin, TX 78717-4923
Phone: 512.454.9597
Fax: 512.459.7449

WACO
312 Richland West Circle
Waco, TX 76712-7919
Phone: 254.755.4410
Fax: 254.755.4413

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

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 1.5T Wide-Bore MRI
- 3T MRI MRAngiogram
- Without Contrast With & Without Contrast
- Arthrogram (with intra-articular contrast)
- MRI Elastography
- MRI LiverMultiScan® (LMS)
- NeuroQuant®

- Head
- Brain Draw Labs if Needed
- Orbits
- Orbits & Brain
- Pituitary
- Internal Auditory Canals
- Cervical
- Thoracic
- Lumbar
- Sacrum
- Soft Tissue Neck
- Neck
- TMJ
- Abdomen
- 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 with Mapping (Requires 3T)
- Other _____

CT

- CT CTA (w/ 3D Reformat)
- With Contrast
- Without Contrast With & Without Contrast
- Labs Attached
- Calcium Scoring
- Arthrogram (with intra-articular contrast)

- Brain Draw Labs if Needed
- Orbits
- Sinuses - Axial
- Mandible/Facial Bones
- Temporal Bones
- Soft Tissue Neck
- 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
- Arterial Doppler Lower Extremity R L Bilat
- Arterial Doppler Upper Extremity 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
- 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: _____
Reason for Exam: _____

FLUOROSCOPY
Exam Requested: _____
Reason for Exam: _____

MYELOGRAM Cervical _____ Thoracic _____ Lumbar _____ BONE DENSITY

☐ SOUTH AUSTIN

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SERVICES: MRI [HF] • CT • US • X-Ray/Fluoro
Bone Density • Arthrogram • Myelogram
Cardiac Scoring

☐ CENTRAL AUSTIN

711 W. 38th Street, Suite B-7
Austin, TX 78705-1121
Phone: 512.454.9597 Fax: 512.459.7449

SERVICES: MRI [Wide-Bore] • CT • US
X-Ray/Fluoro • Bone Density • Arthrogram
Myelogram

☐ NORTH AUSTIN

11575 Jollyville Road
Austin, TX 78759-4028
Phone: 512.454.9597 Fax: 512.459.7449

SERVICES: MRI [3T Wide-Bore] • CT
X-Ray/Fluoro • Arthrogram • Myelogram

☐ ROUND ROCK

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Austin, TX 78717-4923
Phone: 512.454.9597 Fax: 512.459.7449

SERVICES: MRI [HF] • CT • US • X-Ray

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

If you have had previous diagnostic studies of the body part being evaluated, please bring the CD 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

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.

FLUORO/BE Please contact center for prep.

X-RAY No Prep.

www.touchstoneimaging.com