Touchstone
MEDICAL IMAGING

SCHEDULED APPOINTMENT:

Date:_____ Time:_____

Patient Name: _____ DOB: _____ Phone:_____ Cell:_____

Diagnosis w/ICD10 Code: _____

Symptoms_____ ☐ Call Report STAT _____
Pager or cell #

Fax order, patient demographics, insurance card, and clinical notes pertaining to exam.

Referring Physician Signature Required Below

Referring Dr. Signature: _____

Referring Physician (Printed): _____ Contact Name: _____ Phone: _____

Ultrasound

- ☐ **Abdomen Limited:** NPO 8 hours prior to exam
- ☐ **Abdomen Complete:** NPO 8 hours prior to exam
- ☐ **Renal (Kidney):** 30 oz of water taken 1 hour prior to exam, full bladder
- ☐ **Renal (Artery):** NPO 8 hours prior to exam, 30oz of water taken 1 hour prior to exam, do not empty bladder
- ☐ **Hernia**
- ☐ **Thyroid** No prep required
- ☐ **Scrotum w/Duplex** No prep required
- ☐ **Transvaginal w/Duplex**

OB EXAMS 30oz of water taken 1 hour prior to exam, do not empty bladder

- ☐ **OB < 14 Wks. w/ Duplex**
- ☐ **OB Complete > 14 Wks.**
- ☐ **OB Follow Up**
- ☐ **Pelvis w/Duplex:** 30oz of water taken 1 hour prior to exam, do not empty bladder
- ☐ **Carotid** No prep required
- ☐ **Venous w/Duplex** ☐L ☐R ☐Bilat No prep required
- ☐ **Arterial Duplex** ☐L ☐R ☐Bilat No prep required
- ☐ **Extremity (non vascular)**
- ☐ **Soft Tissue Neck**
- ☐ **Other (please specify):** _____

MRI

Circle One: ⊙ **without contrast** ○ **with & without contrast** **Creatinine**_____ **(patients over 60)**

- ☐ **Brain**
- ☐ **Brain for ARIA**
- ☐ **Pituitary**
- ☐ **Orbits/Brain**
- ☐ **Internal Auditory Canal/Brain**
- ☐ **Soft Tissue Neck**
- ☐ **Cervical Spine**
- ☐ **Thoracic Spine**
- ☐ **Lumbar Spine**
- ☐ **Pelvis**
- ☐ **Abdomen (No liver studies) HF Only**
- ☐ **MRCP Abdomen:** NPO 6 hours prior to exam. **HF Only**
- ☐ **MRA Head (Cerebral)**
- ☐ **MRA Neck (Carotids)**
- ☐ **Hand** ☐L ☐R
- ☐ **Wrist** ☐L ☐R
- ☐ **Elbow** ☐L ☐R
- ☐ **Shoulder** ☐L ☐R
- ☐ **Hip** ☐L ☐R
- ☐ **Knee** ☐L ☐R
- ☐ **Ankle** ☐L ☐R
- ☐ **Foot** ☐L ☐R
- ☐ **Other (please specify):** _____

CT

Circle One: ○ **with contrast** ○ **without contrast** ○ **with & without contrast** **Creatinine**_____ **(patients over 60)**

- ☐ **Head**
- ☐ **Sinus/Facial Bones**
- ☐ **Temporal Bones**
- ☐ **Orbits**
- ☐ **Soft Tissue Neck**
- ☐ **Chest**
- ☐ **Abdomen**
- ☐ **Abdomen/Pelvis**
- ☐ **Pelvis**
- ☐ **Cervical Spine**
- ☐ **Thoracic Spine**
- ☐ **Lumbar Spine**
- ☐ **CTA Head**
- ☐ **CTA Neck (Carotids)**
- ☐ **CTA Chest**
- ☐ **CTA Abdomen/Pelvis**
- ☐ **CTA Runoff**
- ☐ **Hand** ☐L ☐R
- ☐ **Wrist** ☐L ☐R
- ☐ **Elbow** ☐L ☐R
- ☐ **Shoulder** ☐L ☐R
- ☐ **Hip** ☐L ☐R
- ☐ **Knee** ☐L ☐R
- ☐ **Ankle** ☐L ☐R
- ☐ **Foot** ☐L ☐R
- ☐ **Other (please specify):** _____

X-Ray

Exam Requested _____ ☐ L ☐ R ☐ Bone Density

Arthrogram

☐ **MRI** ☐ **CT** Broken Arrow, Edmond & Norman Locations Only

- ☐ **Wrist** ☐L ☐R
- ☐ **Elbow** ☐L ☐R
- ☐ **Shoulder** ☐L ☐R
- ☐ **Hip** ☐L ☐R
- ☐ **Knee** ☐L ☐R
- ☐ **Ankle** ☐L ☐R

☐ **BROKEN ARROW**
1755 North Aspen Avenue
Broken Arrow, OK 74012-1197
Phone: 918.251.0400 ***Fax:*** 918.251.8814

SERVICES: MRI [1.5T HF] • CT • US • X-Ray
Fluoroscopy • Arthrogram

☐ **EDMOND**
902 South Bryant Avenue
Edmond, OK 73034-5742
Phone: 405.348.1900 ***Fax:*** 405.348.0423

SERVICES: MRI [1.5T Wide-Bore] • CT • US
X-Ray • Fluoroscopy • Mammo • Bone Density
(DEXA) • Arthrogram • NeuroQuant®

☐ **MIDWEST CITY**
1201 South Douglas Blvd, Suite E
Midwest City, OK 73130
Phone: 405.736.9222 ***Fax:*** 405.736.9144

SERVICES: MRI [1.2T HF Open] • CT • US
X-Ray

☐ **NORMAN**
2901 Adams Road
Norman, OK 73069-6360
Phone: 405.579.1505 ***Fax:*** 405.579.1530

SERVICES: MRI [1.5T Wide-Bore, 1.5T
Wide-Bore] • CT • US • X-Ray • Fluoroscopy
Arthrogram • NeuroQuant®

☐ **OKLAHOMA CITY**
4901 N. May Avenue, Suite 100
Oklahoma City, OK 73112-6041
Phone: 405.943.0055 ***Fax:*** 405.943.0078

SERVICES: MRI [1.5T Wide-Bore, 1.5T HF] • CT
US • X-Ray • NeuroQuant®

☐ **STILLWATER**
1909 West 6th Avenue, Suite A
Stillwater, OK 74074-4204
Phone: 405.743.0845 ***Fax:*** 405.743.0846

SERVICES: MRI [1.5T Wide-Bore] • CT • US
X-Ray • NeuroQuant®

☐ **TULSA - MIDTOWN**
1121 South Lewis Avenue
Tulsa, OK 74104-3905
Phone: 918.712.2000 ***Fax:*** 918.712.2100

SERVICES: MRI [1.5T Wide-Bore] • CT • US
X-Ray • Bone Density (DEXA) • NeuroQuant®

☐ **YUKON**
1751 Garth Brooks Boulevard, Suite 105
Yukon, OK 73099-6349
Phone: 405.350.6860 ***Fax:*** 405.350.6823

SERVICES: MRI [1.5T Wide-Bore] • CT • US
X-Ray • NeuroQuant®