

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

PowerShare Images  Report STAT \_\_\_\_\_ Cell # \_\_\_\_\_

Diagnosis with ICD-10 Codes: \_\_\_\_\_

**PLEASE FAX COPY OF PATIENT DEMOGRAPHICS & CLINICAL NOTES**

**Referring Physician Signature Required Below**

**Referring Dr. Signature:** \_\_\_\_\_  
 Referring Physician (Printed): \_\_\_\_\_  
 Office Phone # \_\_\_\_\_ Office fax # \_\_\_\_\_  
 Referring office contact: \_\_\_\_\_ Authorization: \_\_\_\_\_

**MRI**

without contrast  with & without contrast **If recent creatinine not available, we will draw lab.**

**3T Wide-Bore (Pensacola)**

**1.5T Wide-Bore**

- Brain
- MRA Head (Cerebral)
- Pituitary
- Orbits/Brain
- Internal Auditory Canal/Brain
- TMJ's
- Brachial Plexus

- Soft Tissue Neck
- MRA Neck (Carotids)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacral Spine
- Abdomen
- MRCP
- MRA Abdomen:
- Attn: \_\_\_\_\_
- Pelvis
- Prostate
- Hip(s)  L  R
- Femur  L  R
- Knee  L  R
- Tib/Fib  L  R
- Foot  L  R
- Ankle  L  R
- Other: \_\_\_\_\_

- Shoulder  L  R
- Humerus  L  R
- Elbow  L  R
- Foreman  L  R
- Wrist  L  R
- Hand  L  R
- MR Arthrogram  L  R
  - Shoulder  Elbow  Wrist
  - Hip  Knee  Ankle

**CT**

without contrast  with only  with & without contrast **If recent creatinine not available, we will draw lab.**

- Brain
- Pituitary
- Orbits
- Sinus  Coronal  Axial & Coronal
- Stealth Sinus
- Mandible/Facial Bones
- Internal Auditory Canals
- Temporal Bones
- Calcium Scoring

- CT Lung Screening
- Soft Tissue Neck
- Chest  Hi-Res Chest
- Abdomen
- Pelvis
- Abdomen/Pelvis
- Kidney Stone Protocol  
Abd/Pel w-o
- IVP w/CT cuts
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Extremity  L  R  
(specify): \_\_\_\_\_
- Hip
- CT Arthrogram  L  R
  - Shoulder  Elbow  Wrist
  - Hip  Knee  Ankle

- CT Angiography 3D Reformat**
- CTA Brain
  - CTA Neck
  - CTA Renal
  - CTA Chest
  - CTA Abdomen/Pelvis
  - Other: \_\_\_\_\_

**Ultrasound**

- Aorta
- Thyroid
- Soft Tissue \_\_\_\_\_
- Abdomen Complete
- Abdomen Limited Attn: \_\_\_\_\_
- AAA Screening
- Renal Ultrasound
- Renal Ultrasound and Renal Doppler

- Pelvic (w/ Transvaginal, if needed)
- Pelvic Only
- Testicular/Scrotal
- Carotid Doppler
- Arterial Duplex
  - Upper Extremity  L  R  Bilateral
  - Lower Extremity  L  R  Bilateral

- Ankle Brachial Index (ABI)
- Venous Reflux  L  R  Bilateral
- Venous Doppler
  - Upper Extremity  L  R  Bilateral
  - Lower Extremity  L  R  Bilateral
- Other: \_\_\_\_\_

**X-Ray**

Exam Requested (Pensacola Only) \_\_\_\_\_  L  R

**☐ TOUCHSTONE IMAGING PENSACOLA**

4996 N. Davis Hwy.  
Pensacola, FL 32503  
Phone: 850.475.9040 Fax: 850.475.9049

SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT • X-ray •  
US • SWI • NeuroQuant® • DTI

**☐ TOUCHSTONE IMAGING NICEVILLE**

511 Government Ave., Ste 100 B  
Valparaiso, FL 32580  
Phone: 850.347.5488 Fax: 850.347.5489

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

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)**

**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 IV contrast within 48 hours
- Allergy to contrast

**ULTRASOUND**

These are general guidelines. Please contact the center prior to your appointment for detailed instructions.

**Abdominal Ultrasound:**

Please do not eat or drink (NPO) 8 hours prior to the exam.

**Renal Ultrasound:**

Please do not eat or drink (NPO) 6 hours prior to the exam. Please drink 32 ounces of water 1 hour prior to your appointment time.