Touchstone
MEDICAL IMAGING

Please Select Facility

ACCREDITED FACILITY IAC INTERSOCIETAL ACCREDITATION COMMISSION

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_____ _____ **Ordered Date**

DIAGNOSIS: _____

PHYSICIAN NOTES:

_____

_____

[] **STAT CALL** _____ **Cell Phone #**

[] **STAT Fax#** _____

[] Deliver CD to Office

[] Send CD w/Patient

[] 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**

❑ Brain
Volumetric Analysis Report:
❑ Dementia/ALZ ❑ ARIA
❑ Epilepsy ❑ MS ❑ TBI
❑ Orbits
❑ Pituitary
❑ Internal Auditory Canals
❑ Cervical
❑ Thoracic
❑ Lumbar
❑ Sacrum

❑ Soft Tissue 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**

❑ **With Contrast**

❑ **Without Contrast** ❑ **With & Without Contrast**

*Labs needed for IV contrast IF:
❑ Age 60 & up ❑ Diabetic ❑ Renal DX
Creatinine: _____

❑ **Labs Attached**

❑ **Arthrogram**

❑ Brain
❑ 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 w/ 3D Reformat
❑ Abdomen/Pelvis
❑ Neck
❑ Renal
❑ Chest (P.E. Protocol)
❑ 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
Please contact center for prep instructions.

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.