Touchstone
MEDICAL IMAGING

❑ **TOUCHSTONE IMAGING PENSACOLA**
4996 N. Davis Hwy.
Pensacola, FL 32503
p. 850.475.9040 **f.** 850.475.9049

❑ **TOUCHSTONE IMAGING NICEVILLE**
511 Government Ave., Ste 100 B
Valparaiso, FL 32580
p. 850.347.5488 **f.** 850.347.5489

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
Volumetric Brain Analysis Report:
❑ Dementia/ALZ ❑ ARIA
❑ Epilepsy ❑ MS ❑ TBI
❑ 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
_____

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

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

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.