Touchstone
MEDICAL IMAGING

☐ **WACO**
312 Richland West Circle
Waco, TX 76712
Phone: 254.755.4410
Fax: 254.755.4413
Services: MRI [1.2T Open] • CT [64-Slice]
US • X-Ray • Calculum Scoring

☐ **NORTH WACO**
922 S. 10th St., Suite 210
Waco, TX 76706
Phone: 254.307.0252
Fax: 254.307.0257
Services: MRI [1.5T Wide-Bore] • CT [64-Slice]
US • X-Ray • Calculum Scoring

Appt. Date _____

Appt. Time _____

Patient Name: _____ DOB: _____

Cell Phone: _____ Insurance ID#: _____

Home/Work Phone: _____ Authorization: _____

Referring Physicians Signature: _____

☐ **STAT CALL** _____ Cell phone #

Diagnosis: _____

☐ Deliver CD to Office ☐ Send CD w/Patient

Print Referring Dr.: _____ Referring Office Contact: _____

Office Phone: _____ Office Fax: _____

Accident Claim

ICD-10 Code / Diagnosis: _____ Date of Injury: _____ ☐ Work Comp ☐ MVA

Attorney Name: _____ Attorney Number: _____ ☐ Slip & Fall

■ MRI

☐ **With/Without Contrast** ☐ **Without Contrast**

☐ Brain
Volumetric Analysis Report: ☐ Dementia/Alz
☐ ARIA ☐ Epilepsy ☐ MS ☐ TBI
☐ Orbits ☐ Orbits & Brain
☐ Pituitary
☐ Internal Auditory Canals (IAC's)
☐ Soft Tissue Neck
☐ Cervical Spine ☐ Thoracic Spine
☐ Lumbar Spine ☐ Sacrum

☐ TMJ
☐ Abdomen
☐ Brachial Plexus
☐ Abdomen Attn:_____
☐ MRCP
☐ Pelvis
☐ Hip ☐ L ☐ R
☐ Shoulder ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hand ☐ L ☐ R

☐ Knee ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R
☐ MRA Head
☐ MRA Neck
☐ MRA Renal
☐ Prostate (1.5T North Waco)
☐ Other_____

■ CT

☐ **With Contrast** ☐ **Without Contrast**

*** Labs Needed For IV Contrast IF:**
☐ **Age 60 & Up** ☐ **Diabetic** ☐ **Renal DX**
Creatinine: _____

☐ Calcium Scoring
☐ Brain
☐ Orbits
☐ Sinuses
☐ Maxillofacial
☐ Internal Auditory Canals

☐ Temporal Bones
☐ Urogram
☐ Neck (Soft Tissue)
☐ Chest
☐ Abdomen
☐ Pelvis
☐ Abdomen / Pelvis
☐ Kidney Stone Protocol Abd/Pel w-o
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine

☐ Extremity ☐ R ☐ L
(specify) _____
☐ Hip ☐ R ☐ L

CT ANGIOGRAPHY 3D Reformat
☐ CTA Aorta (Chest and Abdomen/Pelvis)
☐ CTA Neck
☐ CTA Renal
☐ CTA Chest ☐ (P.E. Protocol)
☐ Other_____

■ ULTRASOUND

☐ AAA Screening (>65, hx tobacco use)
☐ Abdomen Complete (NPO)
☐ Abdomen Limited: RUQ (GB, Liver, Pancreas, CBD, Rt Kidney)
☐ Abdomen Limited (NPO) _____
☐ Abdomen Doppler (NPO) _____
☐ Aorta
☐ Carotid Artery Doppler
☐ Elastography (North Waco Only)
☐ OB <14 weeks 1st Trimester
(w/ TV if needed)

☐ OB >14 Weeks 2nd or 3rd Trimester
☐ OB Transvaginal
☐ Pelvic (Transabdominal) only
☐ Pelvic w/ transvaginal (if needed)
☐ Transvaginal only
☐ Renal Artery Doppler
☐ Renal Complete
☐ Scrotum/Testicles
☐ Soft Tissue _____
☐ Thyroid

☐ Venous Doppler Lower Extremity (Leg) ☐ L ☐ R
☐ Venous Doppler Upper Extremity (Arm) ☐ L ☐ R
☐ Other _____

■ X-RAY

☐ Skull Complete
☐ Facial Bones
☐ Sinuses
☐ Chest PA & Lateral
☐ Ribs (specify) ☐ Bilateral ☐ L ☐ R
☐ Cervical Spine 2v, 4v, 6 view
☐ Thoracic Spine
☐ Lumbar Spine 2v, 4v, 6 View
☐ KUB
☐ Abdomen Series
☐ Pelvis AP

☐ Hip ☐ L ☐ R
☐ Femur ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Tibia/Fibula ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R

☐ Toe (specify) _____
☐ Shoulder ☐ L ☐ R
☐ Humerus ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Forearm ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hand ☐ L ☐ R
☐ Finger (specify) _____
☐ Scoliosis Evaluation
☐ Other _____

PLEASE FAX COPY OF PATIENT DEMOGRAPHICS, INSURANCE CARDS & CLINICALS

GENERAL INFORMATION

- Bring this form with you to your appointment.
- If you have had previous diagnostic studies of the body part being evaluated, please bring the images and reports, or request they be sent to the center. These studies or reports are very helpful to the Radiologist interpreting your exam.
- Notify your doctor and the technologist if you are pregnant or think you might be, or if you are breastfeeding.
- Notify us 24 hours in advance, if possible, if you are unable to keep your appointment.
- Report approximately 15 minutes prior to your appointment time.
- Bring insurance card and picture ID.

MRI

If you have any type of device or implant, please let us know when scheduling so we can arrange your scan at an appropriate location.

Please let your MRI Technologist know if you have any other metal objects in your body.

CAT SCAN (CT)

Abdomen and/or Pelvis

- Pick-up oral contrast from our office prior to your appointment.
- Start drinking the oral contrast one hour prior to your exam.
- Do not eat or drink anything after midnight.

ULTRASOUND

Pelvic/OB

- Drink 32 ounces of any liquid one hour prior to your appointment time.
- Do not empty your bladder until your exam is completed.

Abdominal and Pelvic

- Do not eat or drink anything after midnight.
- After the abdominal portion is completed, you will be asked to fill your bladder for the pelvic portion.

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www.touchstoneimaging.com