



Please Select Facility

## LONGHORN IMAGING

☐ HUBNER☐ QFML CM?I

\*\*\* More San Antonio Locations Coming Soon \*\*\*

FAX: 210-855-9096

SCHEDULING: 210-807-4513

EMAIL: referrals@longhornimaging.com

Patient Name

D.O.B.

Phone #

Gender

Insurance

Insurance ID#

(PRINT) Referring Dr: \_\_\_\_\_

Please Print Legibly

Referring Office Contact: \_\_\_\_\_

Referring Office

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please Print Legibly

Referring Physician Signature: \_\_\_\_\_

Ordered Date: \_\_\_\_\_

☐ STAT EXAM \*medically necessary☐ ASAP EXAM \*will be treated as STAT unless superceded

STAT/ASAP RESULTS

(How would you like to receive?)

☐ CALL \*you MUST provide a cell number or results will be faxed☐ FAX☐ PLEASE COMPARE TO PREVIOUS

X

X

May modify exam at radiologists discretion if clinically indicated.

Scan as ordered.

DIAGNOSIS

OR ICD-10

CODE(S)

REASON

FOR

EXAM/NOTES

PLEASE FAX SIGNED ORDERS, DEMOGRAPHICS, INSURANCE AND CLINICALS

## MRI

☐ 3T MRI☐ Without Contrast☐ With Contrast

@l mant ip q mvcq \_p k \_pi cb\* if c cv\_k  
u gj : c ant qpcpcb NPL - \_r if c bgpccgrt  
ndrf c p\_bgjnegr,

## Head and Neck

- ☐ Brain  
☐ Brain w/SWI  
☐ IAC's  
☐ Pituitary-Sella  
☐ Orbits  
☐ Soft Tissue Neck  
☐ Other: \_\_\_\_\_

## L R Extremities

- ☐ ☐ Shoulder  
☐ ☐ Brachial Plexus  
☐ ☐ Humerus  
☐ ☐ Elbow  
☐ ☐ Forearm  
☐ ☐ Wrist  
☐ ☐ Hand: \_\_\_\_\_  
☐ ☐ Hip  
☐ ☐ Knee  
☐ ☐ Tib/Fib (lower leg)  
☐ ☐ Ankle  
☐ ☐ Hind Foot  
☐ ☐ Fore Foot  
☐ ☐ Femur  
☐ ☐ Other: \_\_\_\_\_

## Spine

- ☐ Cervical ☐ Pelvis  
☐ Thoracic ☐ Sacrum  
☐ Lumbar

## Pelvis

☐ Male Pelvis/Prostate

## MRA

- ☐ Head ☐ Renal  
☐ Neck ☐ Mesenteric  
☐ Lower Extremity Runoff

## CT

☐ CTA

- ☐ Without Contrast  
☐ With Contrast  
☐ With & Without Contrast  
☐ Oral Contrast

\* All Contrast Is Per Radiologist Protocol  
 @l mant ip q mvcq \_p k \_pi cb\* if c cv\_k  
u gj : c ant qpcpcb NPL - \_r if c bgpccgrt  
ndrf c p\_bgjnegr,

## Head and Neck

- ☐ Brain  
☐ IAC's/Orbits/Sella  
☐ Maxillofacial  
☐ Sinus  
☐ Soft Tissue Neck

## Chest

- ☐ Chest  
☐ Heart (Calcium Scoring)  
☐ Lung Cancer Screening

## Abdomen and Pelvis

- ☐ Abdomen  
☐ Abdomen and Pelvis  
☐ Pelvis

## Spine

- ☐ Cervical  
☐ Thoracic  
☐ Lumbar

## Extremities

- ☐ Lower Ext: ☐ L ☐ R  
 \_\_\_\_\_ Specify Extremity  
☐ Upper Ext: ☐ L ☐ R  
 \_\_\_\_\_ Specify Extremity  
☐ Lower Ext Runoff  
☐ Upper Ext Runoff

## Bone Density

- ☐ CT Bone Density (Spine Only)

## TBI TESTING

☐ TBI GENERAL SCREENING☐ VNG☐ DTI (performed with MRI)

## X-RAY

## Spine

- ☐ Cervical ☐ 2V or 3V ☐ Complete  
☐ Complete+Flex/Ext  
☐ Thoracic 2V  
☐ Lumbar ☐ 2V or 3V ☐ Complete  
☐ Complete+Flex/Ext  
☐ Sacrum/Coccyx  
☐ Thoracolumbar  
☐ Other: \_\_\_\_\_

## Skeletal

- |                                     | L                        | R                        |
|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Finger     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hand       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wrist      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Forearm    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Elbow      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Humerus    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shoulder   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A-C Joints | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clavicle   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ribs       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hip        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Femur      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Knee       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tib/Fib    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ankle      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Heel       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Foot       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Toe        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SI Joints  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sternum    |                          |                          |
| <input type="checkbox"/> Pelvis     |                          |                          |
| <input type="checkbox"/> Other      |                          |                          |

## Chest and Abdomen

- ☐ 2-View Chest  
☐ 1-View Abdomen (KUB)  
☐ Abdomen Complete  
☐ Abdomen Series (PA Chest  
 + Upright/Supine Abdomen)  
☐ Other \_\_\_\_\_



# LONGHORN IMAGING

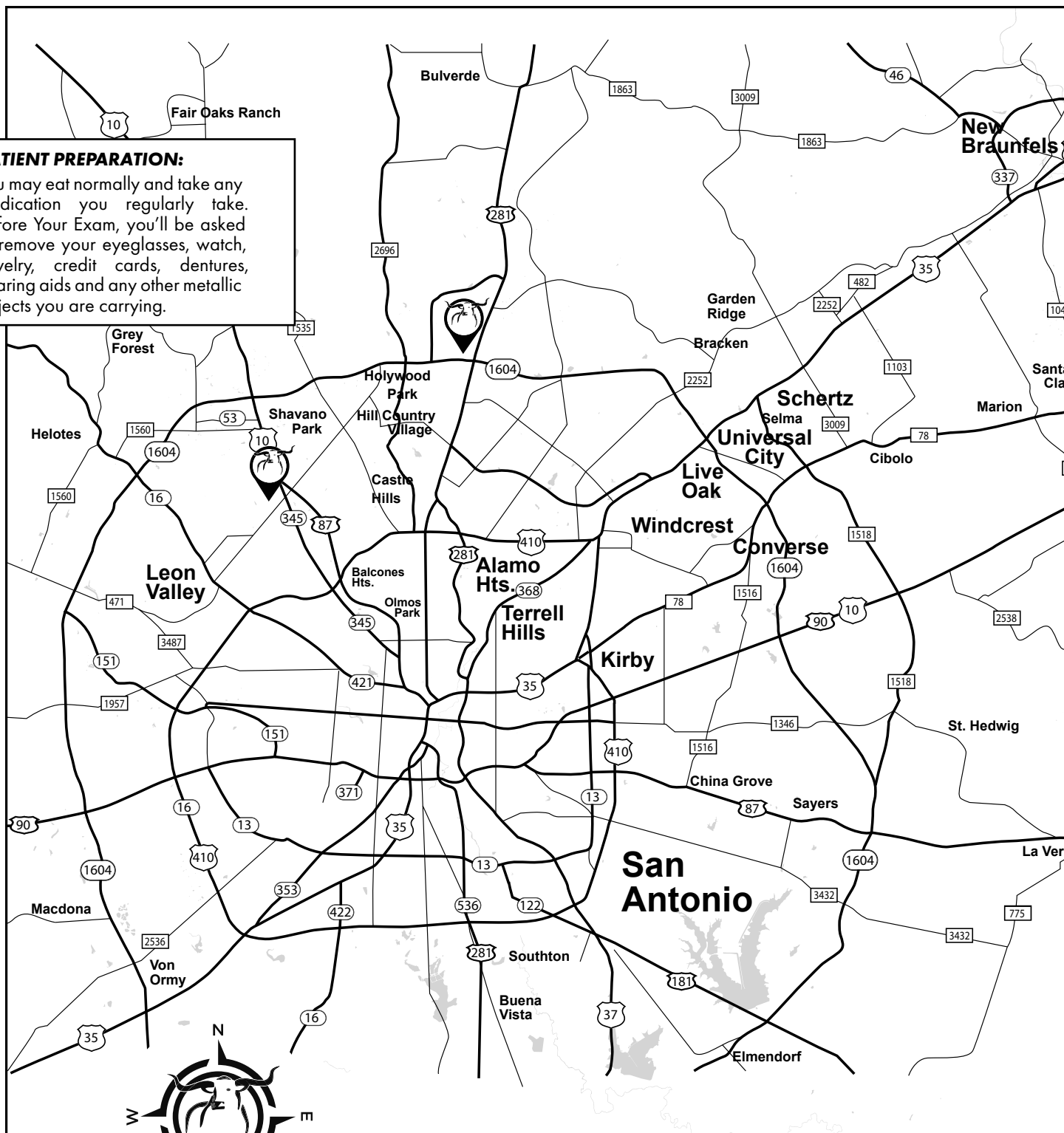
Phone: 210-807-4513

Fax: 210-855-9096

**PLEASE ARRIVE** 30 minutes prior to your scheduled time. If for any reason you need to reschedule or cancel your appointment, you must call as soon as possible.

## PATIENT PREPARATION:

You may eat normally and take any medication you regularly take. Before Your Exam, you'll be asked to remove your eyeglasses, watch, jewelry, credit cards, dentures, hearing aids and any other metallic objects you are carrying.



Huebner

10103 Huebner Rd, Ste #102  
San Antonio, TX 78240

Stone Oak

18626 Hardy Oak Blvd, Ste #100  
San Antonio, TX 78258

11 locations in and around Austin

Check out the website for more details  
[www.longhornimaging.com](http://www.longhornimaging.com)

## PRECAUTIONS:

It is **VERY IMPORTANT** to tell the technician if you have, or think you have anything metallic in your body, which could be attracted by the magnet. These objects include metal plates, surgical clips, joint or bone pins, bullet fragments, shrapnel or BB shots. Please bring previous X-ray, CAT scan's and MRI's concerning today's test. **Notify the technician if you are pregnant or think you might be pregnant.**