



Please Select Facility

LONGHORN IMAGING

* 11 convenient Austin locations. Please see back of page for map and complete listing.*

FAX: 512-444-7244**PHONE: 512-444-8900****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:

X**X**

May modify exam at radiologists discretion if clinically indicated.

Scan as ordered.

DIAGNOSIS

OR ICD-10

CODE(S)

REASON

FOR

EXAM/NOTES

☐ **STAT EXAM** *medically necessary☐ **ASAP EXAM** *will be treated as STAT unless superceded**STAT/ASAP RESULTS**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 FAX SIGNED ORDERS, DEMOGRAPHICS, INSURANCE AND CLINICALS****MRI**☐ **1.5T MRI**☐ **Weight Bearing**☐ **Without Contrast**☐ **With Contrast**

If no contrast boxes are marked, the exam will be considered PRN/at the discretion of the radiologist.

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

☐ **MRI ARTHROGRAM**

Specify: _____

☐ **MRA**

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

CT

☐ **CT** ☐ **CTA**
☐ **CT ARTHROGRAM**

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

* All Contrast Is Per Radiologist Protocol
 If no contrast boxes are marked, the exam will be considered PRN/at the discretion of the radiologist.

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 ☐ RT. ☐ LT.

- ☐ Lower Ext: _____ Specify Extremity
☐ Upper Ext: _____ Specify Extremity

- ☐ Lower Ext Runoff
☐ Upper Ext Runoff

Bone Density

- ☐ CT Bone Density (Spine Only)

ULTRASOUND

- ☐ Abdominal Limited _____
☐ Abdominal Complete
☐ Aorta
☐ Aorta Doppler
☐ Arterial Doppler Lower Extremity:
☐ RT. ☐ LT. ☐ BILAT.
☐ Arterial Doppler Upper Extremity:
☐ RT. ☐ LT. ☐ BILAT.
☐ Carotid Doppler
☐ Bladder
☐ Obstetrical < 14 Weeks
 with transvaginal if needed
☐ Obstetrical > 14 Weeks
☐ Biophysical Profile
☐ Pelvic
☐ Pelvic and Transvaginal
☐ Transvaginal Only
☐ Renal
☐ Renal Doppler
☐ Soft Tissue: _____
☐ Thyroid/Head/Neck
☐ Testicular
☐ Testicular Doppler
 for mass or torsion
☐ Venous Doppler Lower Extremity:
☐ RT. ☐ LT. ☐ BILAT.
☐ Venous Doppler Upper Extremity:
☐ RT. ☐ LT. ☐ BILAT.
☐ Other: _____

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 |
|---------------------------------------|--------------------------|--------------------------|
| ☐ Finger | ☐ | ☐ |
| ☐ Hand | ☐ | ☐ |
| ☐ Wrist | ☐ | ☐ |
| ☐ Forearm | ☐ | ☐ |
| ☐ Elbow | ☐ | ☐ |
| ☐ Humerus | ☐ | ☐ |
| ☐ Shoulder | ☐ | ☐ |
| ☐ A-C Joints | ☐ | ☐ |
| ☐ Clavicle | ☐ | ☐ |
| ☐ Ribs | ☐ | ☐ |
| ☐ Hip | ☐ | ☐ |
| ☐ Femur | ☐ | ☐ |
| ☐ Knee | ☐ | ☐ |
| ☐ Tib/Fib | ☐ | ☐ |
| ☐ Ankle | ☐ | ☐ |
| ☐ Heel | ☐ | ☐ |
| ☐ Foot | ☐ | ☐ |
| ☐ Toe | ☐ | ☐ |
| ☐ SI Joints | ☐ | ☐ |
| ☐ Sternum | | |
| ☐ Pelvis | | |
| ☐ Other: _____ | | |

Chest and Abdomen

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

- ☐ **VMA** ☐ C-Spine ☐ L-Spine
☐ C&L Spine

www.longhornimaging.com



LONGHORN IMAGING

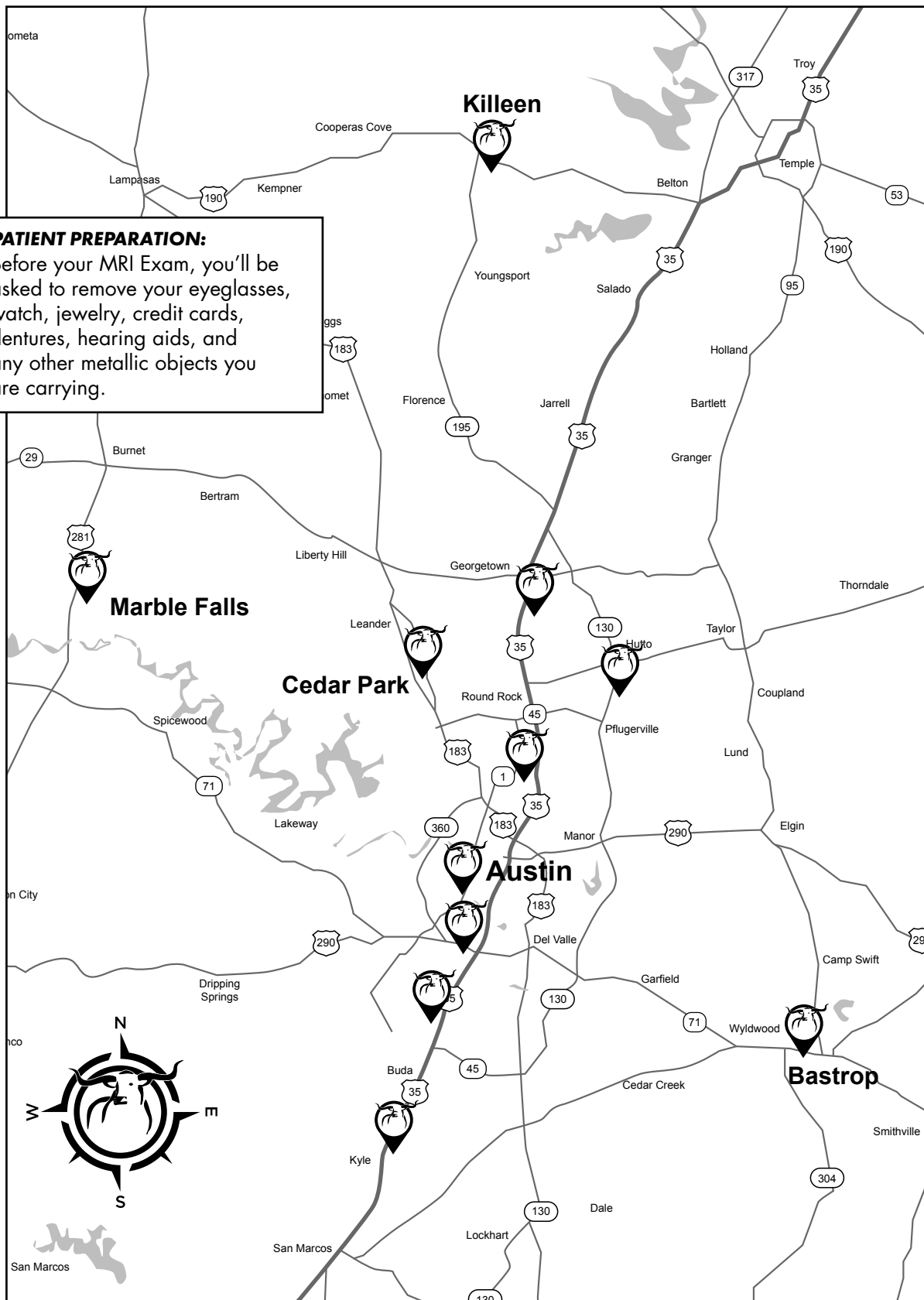
Phone: 512-444-8900

Fax: 512-444-7244

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:

Before your MRI Exam, you'll be asked to remove your eyeglasses, watch, jewelry, credit cards, dentures, hearing aids, and any other metallic objects you are carrying.



KILLEEN

3800 South W.S. Young Ste #302
Killeen, TX 76542

HUTTO

201 East Wilco Hwy Ste 103
Hutto, TX 78634

CEDAR PARK

715 Discovery Blvd. Ste #102
Cedar Park, TX 78613

PARMER LANE

1212 West Parmer Ln Ste J
Austin, TX 78727

ROLLINGWOOD

2745 Bee Caves Rd Ste #102
Rollingwood, TX 78746

JAMES CASEY ST

4316 James Casey St Ste F-110
Austin, TX 78745

ONION CREEK

701 E. 1626
Austin, TX 78652

BASTROP

3101 Hwy 71 East Ste #108
Bastrop, TX 78602

MARBLE FALLS

1005 Falls Pkwy, Ste #103
Marble Falls, TX 78654

GEORGETOWN

1502 Blue Ridge Dr, Ste #103
Georgetown, TX 78626

KYLE

135 Bunton Creek Rd Ste 101
Kyle, TX 78640

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 scans and MRI's concerning today's test. **Notify the technician if you are pregnant or think you might be pregnant.**