



Please Select Facility

☐ HUEBNER

☐ STONE OAK

\*\*\* 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: Referring Office Contact: Referring Office Phone: Fax: Email: Please Print Legibly Please Print Legibly

Referring Physician Signature: Ordered Date: ☐ STAT EXAM \*medically necessary

☒ ☒

May modify exam at radiologists discretion if clinically indicated. Scan as ordered. ☐ ASAP EXAM \*will be treated as STAT unless superceded

DIAGNOSIS OR ICD-10 CODE(S) STAT/ASAP RESULTS (How would you like to receive?)

REASON FOR EXAM/NOTES ☐ CALL \*you MUST provide a cell number or results will be faxed

☐ FAX ☐ PLEASE COMPARE TO PREVIOUS

PLEASE FAX SIGNED ORDERS, DEMOGRAPHICS, INSURANCE AND CLINICALS

MRI	CT	TBI TESTING	X-RAY
<div><input type="checkbox"/> 3T MRI</div> <div><input type="checkbox"/> Without Contrast</div> <div><input type="checkbox"/> With Contrast</div> <div>If no contrast boxes are marked, the exam will be considered PRN/at the discretion of the radiologist.</div> <div>Head and Neck</div> <div><input type="checkbox"/> Brain</div> <div><input type="checkbox"/> Brain w/SWI</div> <div><input type="checkbox"/> IAC's</div> <div><input type="checkbox"/> Pituitary-Sella</div> <div><input type="checkbox"/> Orbits</div> <div><input type="checkbox"/> Soft Tissue Neck</div> <div><input type="checkbox"/> Other:</div> <div><div><div>L</div><div>R</div><div>Extremities</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Shoulder</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Brachial Plexus</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Humerus</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Elbow</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Forearm</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Wrist</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Hand:</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Hip</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Knee</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Tib/Fib (lower leg)</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Ankle</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Hind Foot</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Fore Foot</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Femur</div></div><div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Other:</div></div></div>			

Spine

☐ Cervical

☐ Pelvis

☐ Thoracic

☐ Sacrum

☐ Lumbar

Pelvis

☐ Male Pelvis/Prostate

MRA

☐ Head

☐ Renal

☐ Neck

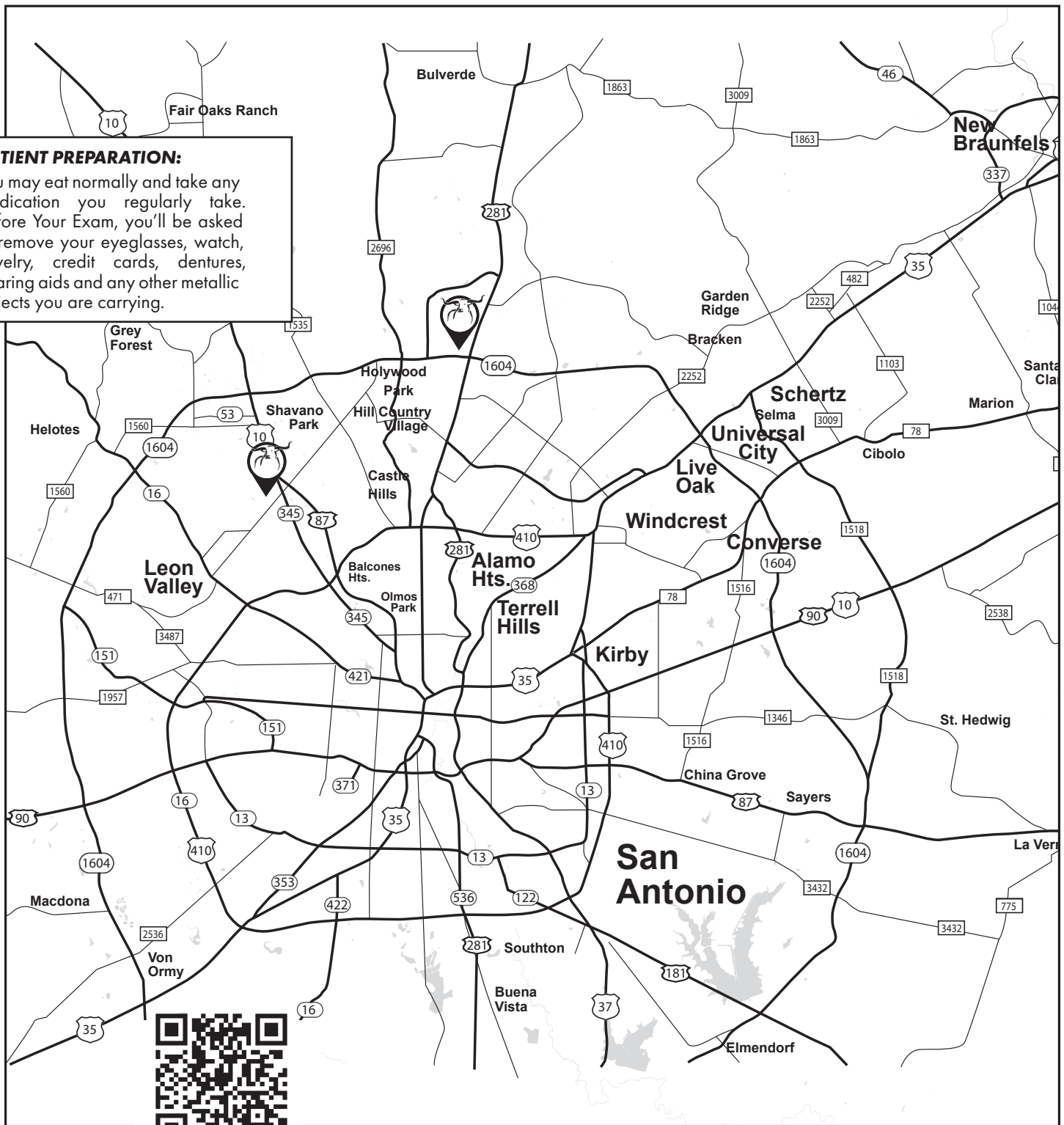
☐ Mesenteric

☐ Lower Extremity Runoff

**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.



To schedule online, scan here!

### Huebner

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

### Stone Oak

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

### 12 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.**