



Please Select Facility

LONGHORN IMAGING

12 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#		

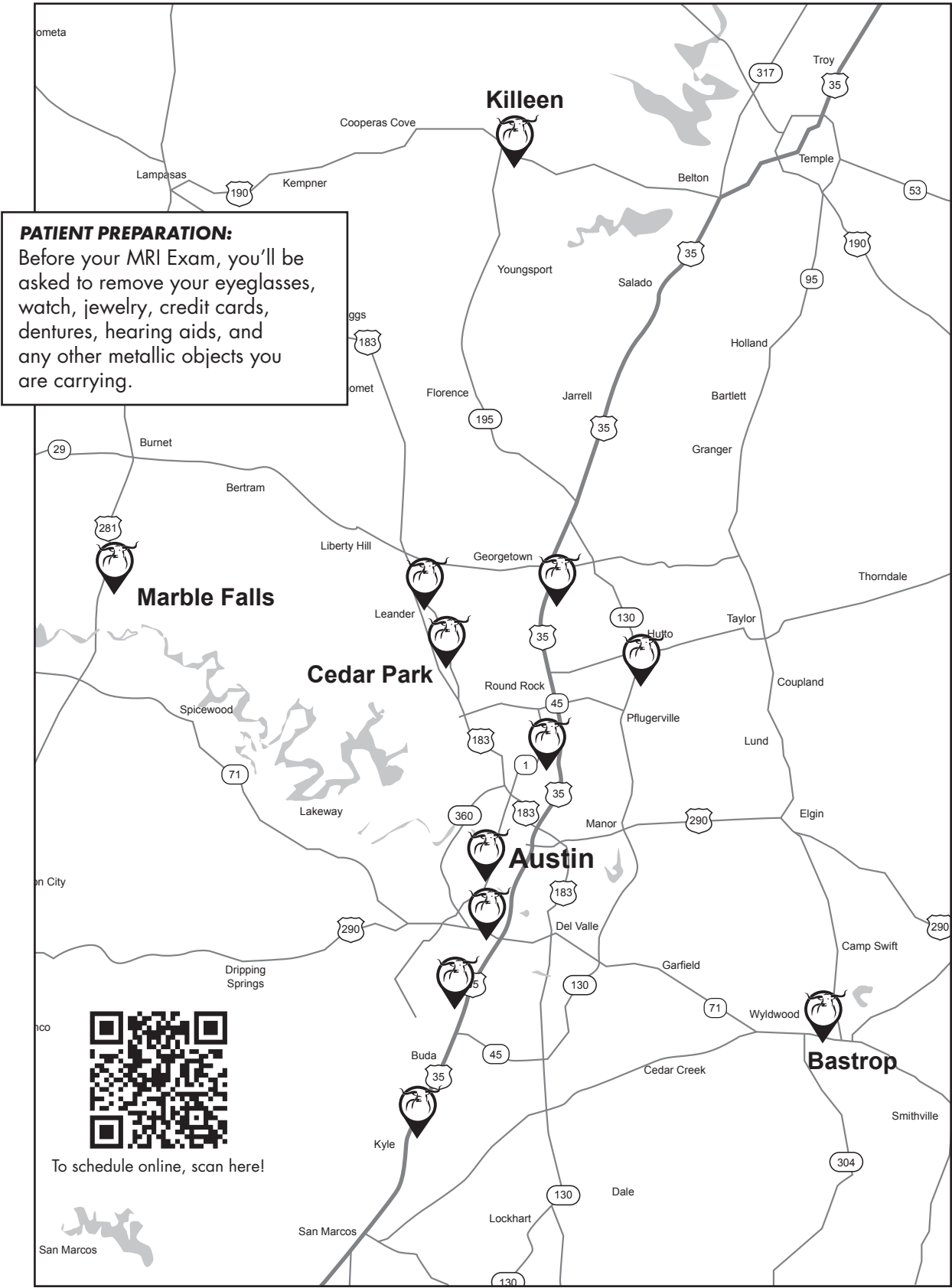
(PRINT) Referring Dr: _____	Referring Office Contact: _____
Referring Office	
Phone: _____	Fax: _____
	Email: _____
	Please Print Legibly

Referring Physician Signature: _____	Ordered Date: _____	☐ STAT EXAM *medically necessary
☒ STAT EXAM *medically necessary	☒ ASAP EXAM *will be treated as STAT unless superceded	☐ STAT/ASAP RESULTS (How would you like to receive?)
☐ ASAP EXAM *will be treated as STAT unless superceded	☐ STAT/ASAP RESULTS (How would you like to receive?)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
☐ 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	ULTRASOUND	X-RAY																																																																																																																					
☐ 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: _____ <table><tr><td>L</td><td>R</td><td>Extremities</td></tr><tr><td>☐</td><td>☐</td><td>Shoulder</td></tr><tr><td>☐</td><td>☐</td><td>Brachial Plexus</td></tr><tr><td>☐</td><td>☐</td><td>Humerus</td></tr><tr><td>☐</td><td>☐</td><td>Elbow</td></tr><tr><td>☐</td><td>☐</td><td>Forearm</td></tr><tr><td>☐</td><td>☐</td><td>Wrist</td></tr><tr><td>☐</td><td>☐</td><td>Hand: _____</td></tr><tr><td>☐</td><td>☐</td><td>Hip</td></tr><tr><td>☐</td><td>☐</td><td>Knee</td></tr><tr><td>☐</td><td>☐</td><td>Tib/Fib (lower leg)</td></tr><tr><td>☐</td><td>☐</td><td>Ankle</td></tr><tr><td>☐</td><td>☐</td><td>Hind Foot</td></tr><tr><td>☐</td><td>☐</td><td>Fore Foot</td></tr><tr><td>☐</td><td>☐</td><td>Femur</td></tr><tr><td>☐</td><td>☐</td><td>Other: _____</td></tr></table> Spine ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ MRI ARTHROGRAM Specify: _____ ☐ MRA ☐ Head ☐ Neck ☐ Lower Extremity Runoff	L	R	Extremities	☐	☐	Shoulder	☐	☐	Brachial Plexus	☐	☐	Humerus	☐	☐	Elbow	☐	☐	Forearm	☐	☐	Wrist	☐	☐	Hand: _____	☐	☐	Hip	☐	☐	Knee	☐	☐	Tib/Fib (lower leg)	☐	☐	Ankle	☐	☐	Hind Foot	☐	☐	Fore Foot	☐	☐	Femur	☐	☐	Other: _____	☐ 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)	☐ 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)	Spine ☐ Cervical ☐ 2V or 3V ☐ Complete ☐ Complete+Flex/Ext ☐ Thoracic 2V ☐ Lumbar ☐ 2V or 3V ☐ Complete ☐ Complete+Flex/Ext ☐ Sacrum/Coccyx ☐ Thoracolumbar ☐ Other: _____ <table><tr><td>Skeletal</td><td>L</td><td>R</td></tr><tr><td>☐ Finger</td><td>☐</td><td>☐</td></tr><tr><td>☐ Hand</td><td>☐</td><td>☐</td></tr><tr><td>☐ Wrist</td><td>☐</td><td>☐</td></tr><tr><td>☐ Forearm</td><td>☐</td><td>☐</td></tr><tr><td>☐ Elbow</td><td>☐</td><td>☐</td></tr><tr><td>☐ Humerus</td><td>☐</td><td>☐</td></tr><tr><td>☐ Shoulder</td><td>☐</td><td>☐</td></tr><tr><td>☐ A-C Joints</td><td>☐</td><td>☐</td></tr><tr><td>☐ Clavicle</td><td>☐</td><td>☐</td></tr><tr><td>☐ Ribs</td><td>☐</td><td>☐</td></tr><tr><td>☐ Hip</td><td>☐</td><td>☐</td></tr><tr><td>☐ Femur</td><td>☐</td><td>☐</td></tr><tr><td>☐ Knee</td><td>☐</td><td>☐</td></tr><tr><td>☐ Tib/Fib</td><td>☐</td><td>☐</td></tr><tr><td>☐ Ankle</td><td>☐</td><td>☐</td></tr><tr><td>☐ Heel</td><td>☐</td><td>☐</td></tr><tr><td>☐ Foot</td><td>☐</td><td>☐</td></tr><tr><td>☐ Toe</td><td>☐</td><td>☐</td></tr><tr><td>☐ SI Joints</td><td>☐</td><td>☐</td></tr><tr><td>☐ Sternum</td><td></td><td></td></tr><tr><td>☐ Pelvis</td><td></td><td></td></tr><tr><td>☐ Other: _____</td><td></td><td></td></tr></table> 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	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: _____		
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FULL BODY IMAGING - Early Cancer Detection in Under 2 Hours			
☐ Longhorn 180 Includes: MRI Brain MRI Soft Tissue Neck MRI Abdomen MRI Female Pelvis or Male Pelvis w/Prostate	☐ Longhorn 360 Includes: MRI Brain MRI Soft Tissue Neck MRI Entire Spine MRI Abdomen MRI Female Pelvis or Male Pelvis w/Prostate	☐ Longhorn 360+ Includes: MRI Brain MRA Head MRI Soft Tissue Neck MRA Neck MRI Entire Spine MRI Abdomen MRI Female Pelvis or Male Pelvis w/Prostate CT Low Dose Lung Screening CT Calcium Score	Quantitative Exam Options: ☐ Quantative Brain Analysis - Atrophy ☐ Quantative Brain Analysis - TBI ☐ Quantative Brain Analysis - Dementia ☐ Quantative Brain Analysis - MS ☐ Quantative Brain Analysis - Epilepsy

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.



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.*