



Please Select Facility

LONGHORN IMAGING

☐ SCHERTZ

☐ 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

Referring Physician Signature: Ordered Date: ☐ STAT EXAM *
☒ ASAP EXAM *will be treated as STAT unless superceded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
May modify exam at radiologists discretion if clinically indicated.
DIAGNOSIS OR ICD-10 CODE(S)
REASON FOR EXAM/NOTES
PLEASE FAX SIGNED ORDERS, DEMOGRAPHICS, INSURANCE AND CLINICALS

Scan as ordered.

MRI	CT	ULTRASOUND	X-RAY																																																																																																																					
☐ 3T MRI ☐ 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><thead><tr><th>L</th><th>R</th><th>Extremities</th></tr></thead><tbody><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></tbody></table> Spine ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Pelvis ☐ Sacrum Pelvis ☐ Male Pelvis/Prostate MRA ☐ Head ☐ Neck ☐ Lower Extremity Runoff ☐ Renal ☐ Mesenteric	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 ☐ 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 ☐ 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)	☐ 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: Skeletal <table><thead><tr><th></th><th>L</th><th>R</th></tr></thead><tbody><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></tbody></table> Chest and Abdomen ☐ 2-View Chest ☐ 1-View Abdomen (KUB) ☐ Abdomen Complete ☐ Abdomen Series (PA Chest + Upright/Supine Abdomen) ☐ Other		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
MRI Neck
MRI Entire Spine
MRI Abdomen
MRI Female Pelvis or Male Pelvis w/Prostate

Quantitative Exam Options:

☐ Quantative Brain Analysis - Atrophy
☐ Quantative Brain Analysis - TBI
☐ Quantative Brain Analysis - Dementia
☐ Quantative Brain Analysis - MS
☐ Quantative Brain Analysis - Epilepsy



LONGHORN IMAGING

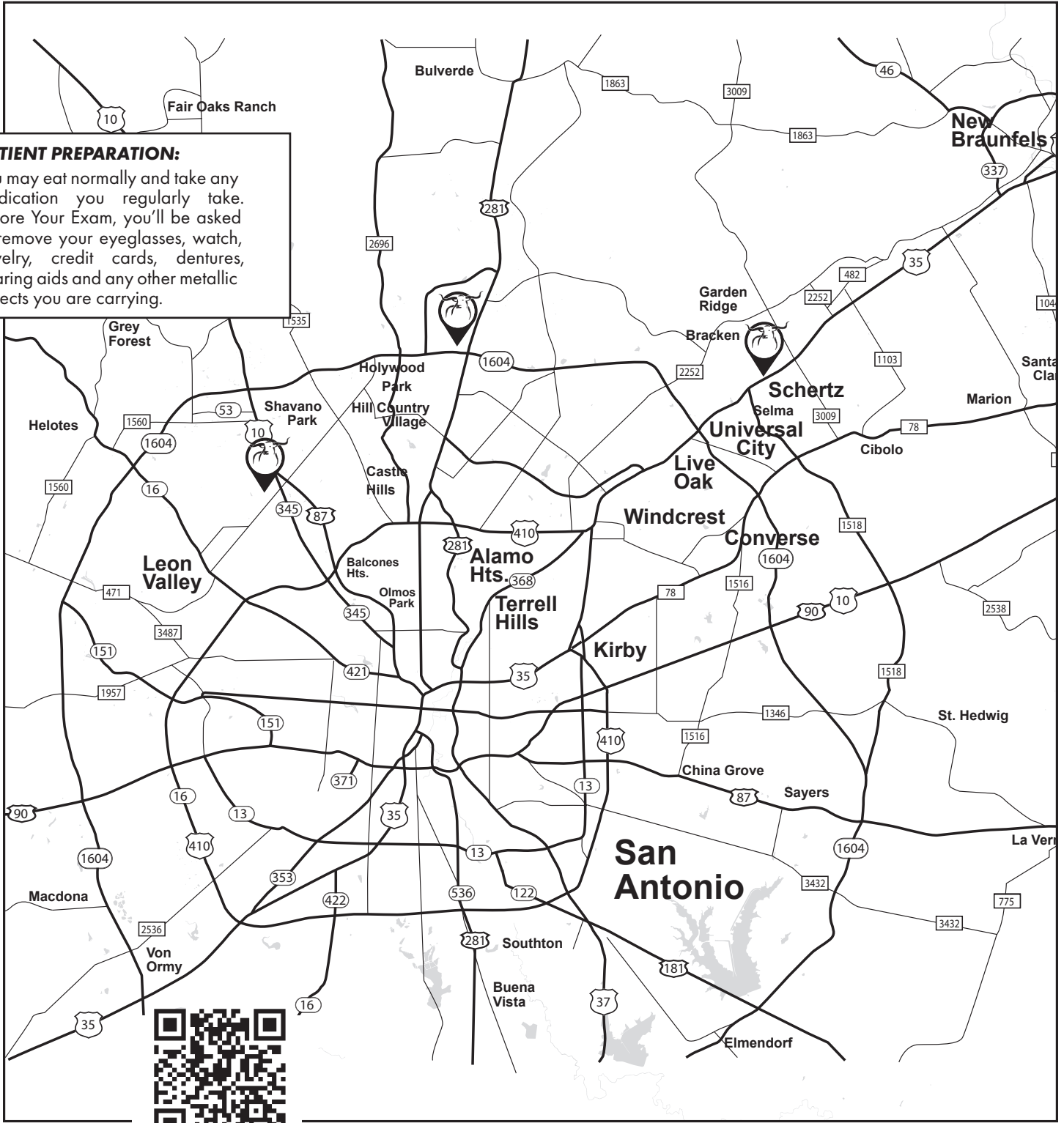
Phone: 210-807-4513

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.



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

Schertz

17766 Verde Parkway, Ste #270
Schertz, TX 78154

12 locations in and around Austin

Check out the website for more details
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.**