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: _____
Please Print Legibly

Referring Office
Phone: _____ Fax: _____ Email: _____
Please Print Legibly

Referring Physician Signature:

X _____ X _____

May modify exam at radiologists discretion if clinically indicated.

Ordered Date: _____

Scan as ordered.

DIAGNOSIS OR ICD-10 CODE(S) _____

REASON FOR EXAM/NOTES _____

PLEASE FAX SIGNED ORDERS, DEMOGRAPHICS, INSURANCE AND CLINICALS

❑ **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❑ **ASAP EXAM** *will be treated as STAT unless superceded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**

MRI

❑ **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:_____

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

❑ **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)

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_____

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

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

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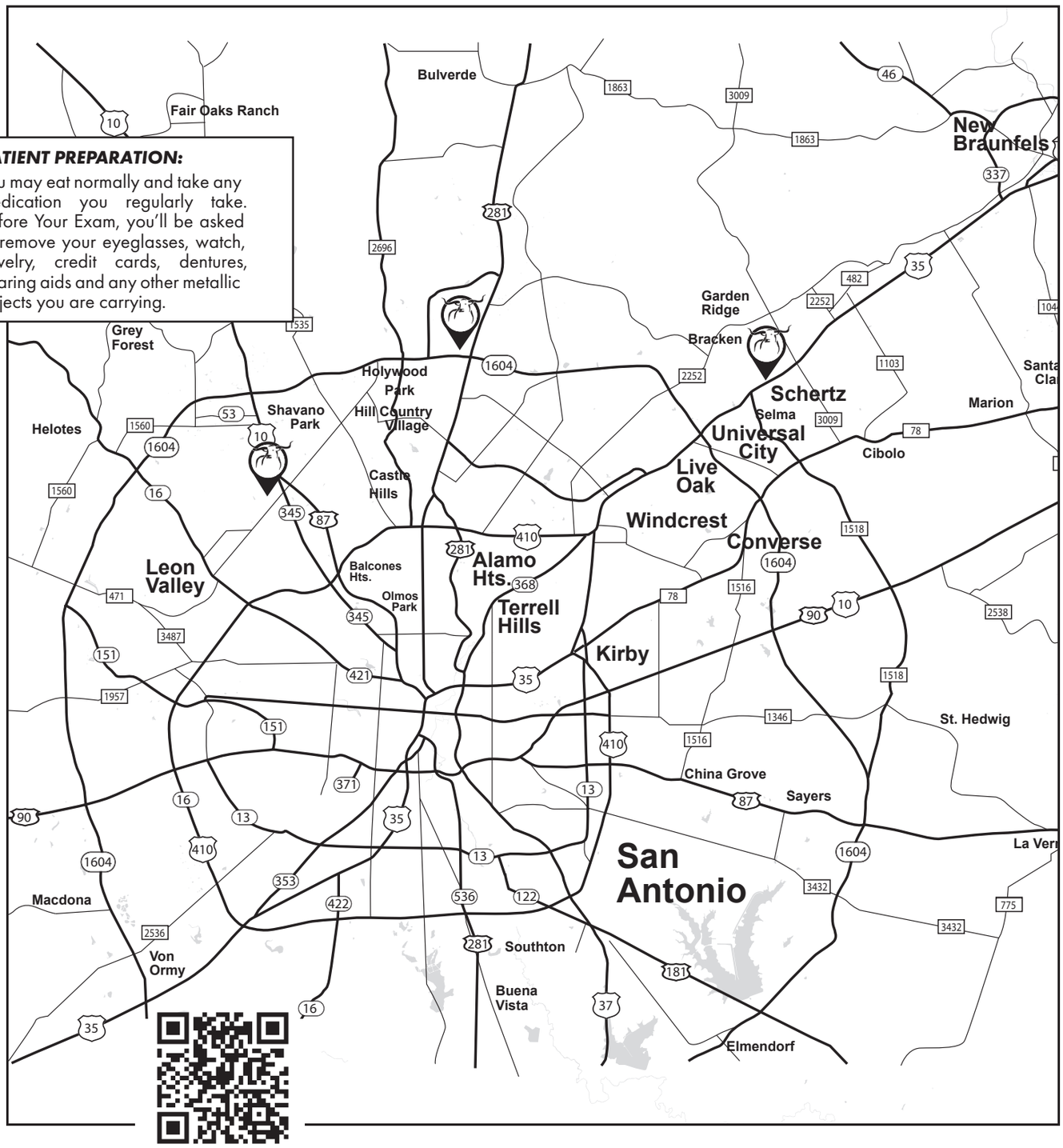
PLEASE ARRIVE 30 minutes prior to your scheduled time. If for any reason you need to reschedule or cancel your appointment, you must call as soon as possible.

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.***