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: _____
Please Print Legibly

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 _____

PLEASE FAX SIGNED ORDERS, DEMOGRAPHICS, INSURANCE AND CLINICALS

❑ **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❑ **ASAP EXAM** **will be treated as STAT unless superceded*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 COMPARE TO PREVIOUS**

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

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:
❑ Os_l r_rgjc @p_g ?l _jwqgq+?npmmf w
❑ Os_l r_rgjc @p_g ?l _jwqgq+R@G
❑ Os_l r_rgjc @p_g ?l _jwqgq+Bck cl rg_
❑ Os_l r_rgjc @p_g ?l _jwqgq+K Q
❑ Os_l r_rgjc @p_g ?l _jwqgq+Cngjcnqw

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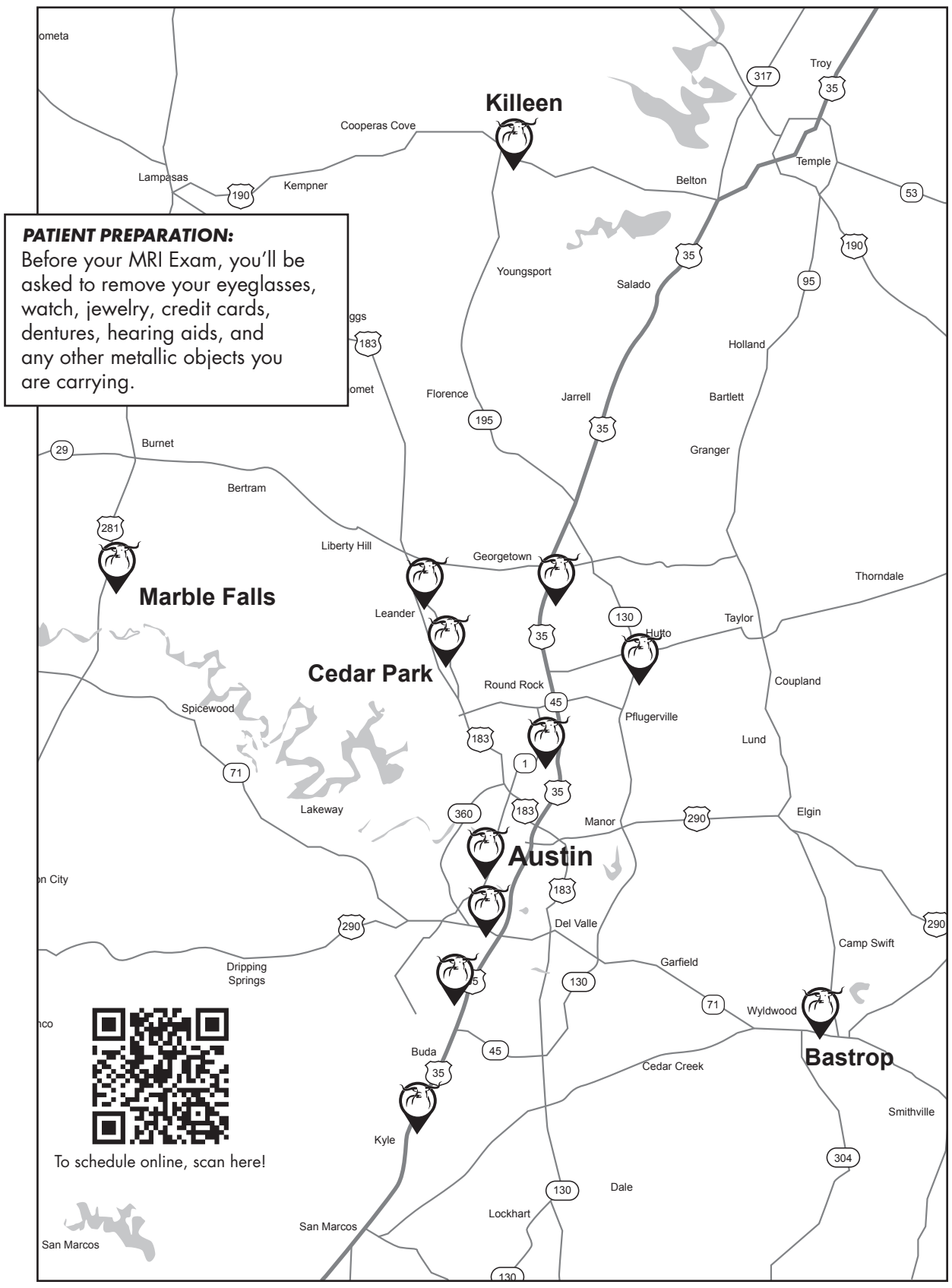
Phone: 512-444-8900 **Fax: 512-444-7244**

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.

To schedule online, scan here!

LEANDER
780 W Broade Street
Leander, TX 76541

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.***