



LONGHORN IMAGING



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: _____

Please Print Legibly

Referring Office Contact: _____

Referring Office

Phone: _____

Fax: _____

Email: _____

Please Print Legibly

Referring Physician Signature: _____

Ordered Date: _____

STAT Call Pager or Cell Phone # _____

May modify exam at radiologists discretion if clinically indicated.

Scan as ordered.

STAT Fax

DIAGNOSIS
OR ICD-10
CODE(S) _____

REASON
FOR
EXAM/NOTES _____

Deliver CD to Office

Send CD w/ Patient

Please Compare to Previous

PLEASE FAX SIGNED ORDERS, DEMOGRAPHICS, INSURANCE AND CLINICALS

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: _____

Extremities

L R 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)

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

Finger L R

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: _____

