



FAX THIS ORDER TO: 972.869.9916

WE HIGHLY RECOMMEND THAT YOU SUBMIT ALL RELEVANT MEDICAL RECORDS AND LAB WORK SO WE CAN BE PREPARED FOR EACH CASE.

MRI REFERRAL FORM – EQUINE

Each patient should have a physical exam, CBC, and/or chemistry panel to ensure safe anesthesia (approximately 1.5 to 2 hours). If available, send lab results with this order. The patient should arrive the evening prior to the scheduled exam. Properly restrict diet. Do not feed 12 hours prior to exam. If the horse is insured, please notify the insurance company prior to general anesthesia. Please advise of HYPP status, if available.

Patient Name*: _____ Age*: _____ Gender*: _____

Breed*: _____ Date of Request*: _____

Owner's Name*: _____ Phone*: _____

Owner's Address*: _____ City*: _____ State*: _____ Zip*: _____

Other Authorized Party/Relationship: _____ Phone: _____

Referring Veterinarian*: _____ Phone*: _____

Clinic Name*: _____

Address*: _____

Email*: _____ Fax*: _____

Insured*? Yes No Company notified*? Yes No

The lameness ideally will have been blocked to a specific region of interest. Another area will result in additional time and fees.

Specific area of interest*: _____

Reason for exam*: _____

History/lameness exam findings*: _____

Symptoms*: _____

Foreign metal objects present*? Yes No Where? _____

Previous surgery*? Yes No

Other comments: _____

Additional exam you are prescribing*: _____

Veterinarian's signature*: _____ *Required field.