



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 - SMALL ANIMAL

Patient Name*, Age*, Gender*, Patient Weight*, 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*

Please send any radiographs taken at your clinic for your client's appointment.

Radiographs: [] Sent digitally [] Sent with client [] None taken

Each patient should have a physical exam, CBC, chemistry panel and 3-view chest radiographs (if > 6 years old) prior to the MRI exam to evaluate anesthetic risk (approximately 1.5 to 2 hours). Please send lab results and/or x-rays with this order if available. Localizing the imaging request to a specific area is important. Another area will result in additional time and fees. If referring this case on an emergency basis, please fax the referral form and contact our office directly.

Please check the exam you are prescribing for this patient*.

Checkboxes for MRI of Head/Brain, C-spine, T-spine, L-spine, Upper/Lower Extremity (Left/Right), Contrast (Yes/No), MRI of Abdomen, Chest, Nasal Passage, CSF Tap

Specific area of interest*:

History and reason for exam*:

Symptoms*:

Surgical clips present*? [] Yes [] No Foreign metal objects*? [] Yes [] No Where?

Previous surgery*? [] Yes [] No

Additional exam you are prescribing*:

Veterinarian's Signature*:

*Required field.