



FAX THIS ORDER TO: 972.869.9916

PLEASE INCLUDE THE MOST RECENT PHYSICAL EXAM FINDINGS AND LABORATORY RESULTS WITH THIS FORM.

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.

Registered Name\*:

Barn Name\* Age\* Date of Request\*:

Color\* Gender\* [ ] Mare [ ] Gelding [ ] Stallion Breed\*:

Owner's Name\* Phone\*:

Owner's Address\* City\* State\* Zi \*:

Email\*:

Referring Veterinarian\* Preferred Contact 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 finding \*:

Symptoms\*:

Foreign metal objects present\*? [ ] Yes [ ] No Where?

Previous surgery\*? [ ] Yes [ ] No Image Viewing Preference: [ ] CD [ ] Link to Images

Other comments:

Additional exam you are prescribing\*:

Veterinarian's signature\* \*Required field.