



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: _____
 Email*: _____
 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*.

<input type="checkbox"/> MRI of Head/Brain	Contrast	<input type="checkbox"/> MRI of Abdomen
<input type="checkbox"/> MRI of C-spine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> MRI of Chest
<input type="checkbox"/> MRI of T-spine		<input type="checkbox"/> MRI of Nasal Passage
<input type="checkbox"/> MRI of L-spine		
<input type="checkbox"/> MRI of Upper Extremity	<input type="checkbox"/> Left <input type="checkbox"/> Right	
<input type="checkbox"/> MRI of Lower Extremity	<input type="checkbox"/> Left <input type="checkbox"/> Right	

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.