



EMAIL OR FAX THIS ORDER TO:
info@animalimaging.net - (972) 869-2180
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.

Date of submission*: _____

Registered Name*: _____ Barn Name*: _____

Breed*: _____ Age*: _____ Color*: _____

Gender*: Mare Gelding Stallion

Owner's Name*: _____ Phone*: _____

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

Owner's Email*: _____

Main Contact (if different from Owner)*: _____

Email*: _____ Phone*: _____

Referring Veterinarian*: _____ Preferred Contact Phone*: _____

Clinic Name*: _____

Address*: _____

Email to send report to*: _____ 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*: _____

History/lameness exam finding *: _____

Foreign metal objects present*? Yes No Where? _____

Previous surgery*? Yes No Where? _____

Additional exam you are prescribing*: _____

Veterinarian's signature*: _____ *Required field.