Animal Imaging
visibly better

EMAIL OR FAX THIS ORDER TO:
info@animalimging.net - (972) 869-9916

PLEASE 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 submission*:

Owner's Name*: Phone*:

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

Other Authorized Party/Relationship: Phone:

Email*:

Referring Veterinarian*: Phone*:

Clinic Name*:

Email to send copy of report to*: Fax*:

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

Radiographs*: ☐ Sent through DVM insight ☐ Emailed to info@animalimaging.net ☐ Sent with Client ☐ None taken

Current labwork?*: ☐ Yes (sent with referral) ☐ None (see requirements below)

Each patient should have a physical exam, CBC, & chemistry panel within the last 30 days. 3-view chest radiographs (if > 6 years old) recommended 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 email/fax the referral form and contact our office directly.

Please check the exam you are prescribing for this patient and include all current labwork/chest rads with each referral*.

	Contrast	
☐ MRI of Head/Brain	☐ Yes	☐ No
☐ MRI of C-spine		
☐ MRI of T-spine		
☐ MRI of L-spine		
☐ MRI of Upper Extremity	☐ Left	☐ Right
☐ MRI of Lower Extremity	☐ Left	☐ Right

☐ MRI of Abdomen
☐ MRI of Chest
☐ MRI of Nasal Passage

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.