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*.

☐ MRI of Head/Brain  ☐ MRI of Abdomen
☐ MRI of C-spine  ☐ MRI of Chest
☐ MRI of T-spine  ☐ MRI of Nasal Passage
☐ MRI of L-spine
☐ MRI of Upper Extremity  ☐ MRI of Lower Extremity
☐ MRI of Upper Extremity  ☐ Left  ☐ Right
☐ MRI of Lower Extremity  ☐ Left  ☐ 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.