

Veterinary MRI Referral Form

Referring Veterinarian: _____

Referring Veterinarian Phone # _____ Fax #: _____

Email: _____ Would you like report: Fax Email Both

Patient Information

Owner Name: _____ Phone #: _____

Address: _____

Patient Name: _____ Species: _____ Breed: _____

Age: _____ Sex: _____ Weight: _____

Is there any known metal in this patient (e.g., microchip, screws, bone plate): Yes No _____

Reason for MRI: _____

Tentative Diagnosis: _____

Current Medications: _____

Potential foreign bodies: _____

Physical Exam: CV: _____ RESP: _____ NEURO: _____

List any previous surgery (when/where): _____

Patient History

Magnetic Resonance (MRI) Regions

Skull/Head/Neck: Brain: _____, Nasal/Orbit: _____

Neck/Thyroid/Larynx: _____, Other Head: _____

Spine: C1-T2: _____, T-L Spine w region of focus: _____

Complete T3-S2 (Double Study): _____, L-S/Pelvis: _____

Musculoskeletal: Brachial Plexus: _____, Shoulder: _____, Extremity: _____

Other: _____

Please attach Current Blood work (CBC/Chem)