



6112 Riverside Drive Irving, Texas 75039
Phone (972) 869-2180 Fax (972) 869-9916

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. No feed 12 hours prior to exam. If the horse is insured, please notify the insurance company prior to general anesthesia.

Patient Name: _____ Age: _____ Gender: _____

Patient Weight: _____ Breed: _____

Owner's Name: _____ Phone Number: _____

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

Referring Veterinarian: _____ Office: _____ Fax: _____

Address: _____ Email: _____

Image viewing preference: Film CD (jpg, tif, bmp) E-film/Internet Access

Insured? Yes No Company Notified? Yes No

Please specify the exam you are prescribing for this patient. The lameness ideally will have been blocked to a specific region of interest. An additional area will result in increase of 1-2 hours and higher fees.

Specific area of interest _____

Reason for exam _____

History/Lameness Exam Findings: _____

Are there surgical clips present? _____ Foreign metal objects? _____ Where? _____

Previous surgery? _____

Other comments _____

Please check your billing preference Bill Client Bill Referring DVM

Veterinarian's Signature _____

FAX THIS ORDER TO (972) 869-9916