



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

MRI Referral Form – Small Animal

Each Patient should have a physical exam, CBC, chemistry panel and thoracic radiographs (if > 6 years old) for the referring veterinarian to evaluate anesthetic risk (approximately 1.5 to 2 hours). Send lab results and/or x-rays with this order if available.

Patient Name: _____ Age: _____ Gender: _____

Patient Weight: _____ Breed: _____ Date of Request: _____

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

Please check exam you are prescribing for this patient. Please only request one area. An additional area will result in increase of 1-2 hours and higher fees.

- | | | |
|---|-------------------------------|--------------------------------|
| <input type="checkbox"/> MRI of Head/Brain | Contrast | |
| <input type="checkbox"/> MRI of C-spine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> MRI of T-spine | | |
| <input type="checkbox"/> MRI of L-spine | | |
| <input type="checkbox"/> MRI of Upper Extremity | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> MRI of Lower Extremity | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> MRI of Abdomen | | |
| <input type="checkbox"/> MRI of Chest | | |
| <input type="checkbox"/> MRI of Nasal Passage | | |

Specific area of interest _____

History & Reason for exam _____

Symptoms _____

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