



Imaging Request Form

EASY ACCESS TO MRI & CT

CT MRI (Please tick box)

Practice details

Practice name:		Tel:	
Address:			
Referring Vet:		Vet Signature:	
Vet E-mail:			

Animal details

Owner's name:		Tel:	
Address:			
Animal's name:		Sex:	
		Breed:	
		Weight:	Kg

In order for us to provide the optimum examination please give a brief clinical history including presenting signs, provisional diagnosis and ongoing medication (Please attach a copy of all relevant history).

Anaesthetic Risk: Low Medium High (Please enter in box above reason for risk and discuss with owner)

I confirm that the patient is compliant with the statements below: If not, please detail above.

(please tick the box)

- Has no known heart or renal problems
- Does not have any metal fragments in eyes or any other part of the body
- Has not had any operations involving the insertion of metal implants, plates or clips.
- Does not have any type of electronic, mechanical or magnetic implant (excluding microchip)
- Has not had any surgery in the previous two months
- Is not pregnant
- Has no known adverse reaction to iodinated x-ray contrast agent

Area(s) to be scanned:

- | | | | | | |
|-------------|-----------------------------------|-----------------------------------|---------------------------------|--|--------------------------------------|
| Head | <input type="checkbox"/> Brain | <input type="checkbox"/> Nasal | <input type="checkbox"/> Bullae | <input type="checkbox"/> ST Head | <input type="checkbox"/> ST Neck |
| Spine | <input type="checkbox"/> Cervical | <input type="checkbox"/> Thoracic | <input type="checkbox"/> Lumbar | <input type="checkbox"/> Sacrum | |
| Orthopaedic | <input type="checkbox"/> Stifle | <input type="checkbox"/> Elbows | <input type="checkbox"/> Tarsi | <input type="checkbox"/> Limb | <input type="checkbox"/> Shoulders |
| General | <input type="checkbox"/> Chest | <input type="checkbox"/> Angio | <input type="checkbox"/> Abdo | <input type="checkbox"/> Brachial Plexus | <input type="checkbox"/> Hips/Pelvis |
| | | | | | <input type="checkbox"/> Carpi/Paws |

Other (please specify):