Imaging Request Form

Easy access to MRI & CT

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

Animal's first name:				Animal's surname:			
Animal's Age:		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 contrast agent

Select Area(s) to be scanned (please state "+C" next to any areas you wish to have post contrast images acquired)

☐ **MRI Brain/Head**	☐ **MRI Nose**	☐ **MRI Bullae**	☐ **MRI ST Neck**
☐ **MRI Cervical Spine**	☐ **MRI Thoracic Spine**	☐ **MRI Lumbar Spine**	☐ **Brachial Plexus**
☐ **MRI Shoulder**	☐ **MRI Elbow**	☐ **MRI Carpus**	
☐ **MRI Pelvis/Hips**	☐ **MRI Stifle**	☐ **MRI Hock**	

Other MRI (please specify):

☐ **CT Brain**	☐ **CT Nose**	☐ **CT Bullae**	☐ **CT ST Head**	☐ **CT ST Neck**
☐ **CT Cervical Spine**	☐ **CT Thoracic Spine**	☐ **CT Lumbar Spine**		
☐ **CT Shoulders**	☐ **CT Elbows**	☐ **CT Carpi**	☐ **CT Fore Limb (All Long bones)**	
☐ **CT Pelvis/Hips**	☐ **CT Stifles**	☐ **CT Hocks**	☐ **CT Hind Limb (All Long bones)**	
☐ **CT Chest**	☐ **CT Abdo**	☐ **CT (Liver Shunt)**	☐ **CT Brachial Plexus**	

Other CT (please specify):