MOBILE MRI
IMAGING REQUEST FORM

Burgess Diagnostics
Mobile Veterinary MRI & CT Imaging

Practice Name:		**Date of Scan:**	
Referring Vet:		**Vet Signature:**	

Animal First Name:		**Animal Surname:**			
D.O.B:	DD/MM/YY	**Sex:**	(Please circle) **FN FE MN ME**	**Weight:**	
Breed:		**Hospital ID:**			

Clinical History:
To ensure optimal patient imaging, state all relevant clinical history including presenting signs & provisional diagnosis

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

- ☐ Has no known renal problems
- ☐ 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
- ☐ Is not wearing a diabetic monitor

SELECT THE MRI AREAS TO BE SCANNED BELOW:

*Add "**+C**" next to any area that require post-contrast images*

ST = Soft tissue

Head	**Spine**	**Joint (single)** Write if L/R	**Body**
☐ **MRI Brain/Bullae**	☐ **MRI Cervical Spine**	☐ **MRI Shoulder**	☐ **MRI ST Neck**
☐ **MRI ST Head**	☐ **MRI Thoracic Spine**	☐ **MRI Elbow**	☐ **MRI Brachial Plexus**
☐ **MRI Nose**	☐ **MRI Lumbar Spine**	☐ **MRI Carpus**	
		☐ **MRI Pelvis/Hips**	
		☐ **MRI Stifle**	
		☐ **MRI Hock**	

MRI other body area:	