IMAGING REQUEST FORM

Burgess Diagnostics
Mobile Veterinary MRI & CT Imaging

Please present this form to a Burgess Diagnostics Radiographer on the day of scanning.

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

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

In order for us to give the optimum examination please provide all relevant clinical history including presenting signs and provisional diagnosis.

I confirm that the patient is compliant with the statements below, please select all that apply.
If not, *please detail in the box above.*

- ☐ Has no known renal problems
- ☐ Does not have any metal fragments in any 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
- ☐ Patient is not wearing a diabetic monitor

PLEASE SELECT THE MRI OR CT AREAS TO BE SCANNED BELOW.
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 C. Spine**	☐ **MRI Thoracic Spine**	☐ **MRI Lumbar Spine**	☐ **Brachial Plexus**
☐ **MRI Shoulder**	☐ **MRI Elbow**	☐ **MRI Carpus**	
☐ **MRI Pelvis/Hips**	☐ **MRI Stifle**	☐ **MRI Hock**	

Other MRI	

☐ **CT Brain**	☐ **CT Nose**	☐ **CT Bullae**	☐ **CT ST Head**	☐ **CT ST Neck**
☐ **CT C. 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	

Burgess Diagnostics Limited, Oak House, 317 Golden Hill Lane, Leyland, Lancashire PR25 2YJ