Non-Neurological CT/MR Imaging Referral Form

This form and special pricing are for non-neurological cases only. Please contact us if you have questions.
For the most current version, please print copies or submit online from our website: www.vetneuro.com

Owner Information:

Name: ____________________________ (work): ____________________________
Address: ____________________________ Email: ____________________________
City: ____________________________ State: ______ Zip Code: ______

Patient Information:

Name: ____________________________ Breed: ______ Age: ______ Sex: ______

Referring Veterinarian Information:

Name: ____________________________ Hospital: ____________________________
Telephone: ____________________________ Fax: ____________________________
Address: ____________________________ Email: ____________________________
City: ____________________________ State: ______ Zip Code: ______

Medical History:

A. Tentative Diagnosis: _____________________________________________________________

_____________________________________________________________________________

B. History and Clinical Findings: _____________________________________________________

_____________________________________________________________________________

C. List any known metal in patient (IM pins, plates, etc.): ______________________________________

D. Attach copy of current CBC, Chemistry Profile, UA (within past 10 days) [ ]

Imaging Information:

A. Type of Study:

CT [ ] MRI [ ]

B. Area of Study:

Abdomen [ ] Bone (specify) [ ]
Thorax [ ] Joint (specify) [ ]
Adrenals/Pituitary [ ] Other (specify) [ ]
Nose/Sinuses [ ]

C. Known Anesthetic Risks:

Cardiac [ ] CNS [ ]
Pulmonary [ ] Metabolic [ ]

D. Drug Sensitivities/Allergies:

_____________________________________________________________________________

E. Previous Imaging Studies:

Date: __________ Location: ____________________________________________________________

Unless otherwise requested, imaging interpretation will be performed by:

Jaime Sage, D.V.M., M.S., Diplomate, ACVR
Veterinary Imaging Consultant (Specializing in MRI)
www.mrivets.co

Permission to send imaging to Dr. Sage? [ ] Yes [ ]

NOTE: A CD-Rom of the study will be delivered to the referring veterinarian

Date: __________

Veterinarian Signature: ____________________________________________________________