

MRI SCAN REQUEST (Form 1)

This form must be sent to VloC at least 24 hours in advance.
All patients require general anesthesia and must be fasted for 8-12 hours prior to the MRI scan.

Region to be scanned (be specific; refer to form): _____

What diseases/problems are you trying to identify/rule out? _____

REFERRING VETERINARIAN INFORMATION

Name: _____ Specialty: _____

Hospital Name: _____

Mailing address including city and zip code: _____

Telephone: _____ Fax: _____ Email: _____

Diagnostic Report to be sent via fax or email? _____

PATIENT INFORMATION

Client Name: _____ Email: _____ Phone Number: _____

Pet Name: _____ Species: _____ Breed: _____

Weight in kg: _____ Age: _____ Sex: M or F or M/N or F/S

Pertinent Patient History: _____

Current Medications: _____

When was the last time the patient was placed under general anesthesia? _____

Has the patient had any prior complications with general anesthesia? _____

Are there any ferrous objects near the anatomic location to be scanned? _____

Does the patient have any allergies to medications? _____



VETERINARY
IMAGING
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