

MRI REFERRAL FORM

Please have the referring Vet fill up the form and send it by email to (imagingology@drvet.ae)
prior to the appointment date/time

CLINIC INFORMATION

Date: _____

Referring Veterinarian: _____ Referring Hospital: _____

Hospital Phone Number: _____

How would you like to be informed of the results?

Fax _____ E-mail _____ Other _____

Client Information:

Client Name: _____ Contact Phone Number: _____

Patient Information:

Pet Name: _____ Dog Cat Breed: _____

Sex: FS MN F M Age/D.O.B: _____ Patient wt: _____ Kgs. lbs.

Appointment Information

<p>Appointment is on</p> <p>Date: _____</p> <p>Time: _____</p>	<p>The patient will come with</p> <p><input type="checkbox"/> Owner</p> <p><input type="checkbox"/> Clinic Employee</p> <p><input type="checkbox"/> Other</p>
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Documents: _____

X-rays: _____

Reason for referral: _____

Region that shall be scanned:

Spinal Cord

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> C1 - 5 | <input type="checkbox"/> Head - CNS and Ears |
| <input type="checkbox"/> C6 - Th2 | <input type="checkbox"/> Splanchnocranium CNS/ |
| <input type="checkbox"/> Th3 - L3 | <input type="checkbox"/> Joint |
| <input type="checkbox"/> L4 - S3 | |
| <input type="checkbox"/> C1 - 5 | |

Special Request: _____

Please select how soon you need the diagnostic report. Our pricing varies based on the urgency level you choose:

- Standard Report: Receive your report within 2-4 working days.
- Priority Report: Get your report in just 4 hours. (this service is not available over the weekend)
- Urgent Report: Your report will be ready within 6 hours after the MRI is completed.(this service is not available over the weekend)

I agree to the Terms and Conditions and Privacy Policy and to use the information provided above to process our request efficiently.