

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: _____

1. Kindly provide brief description on general medical history/ diagnosis/ chronic disease/ anesthesia reaction/ know allergic reaction/ sensitivity.

2. Medications (Please list all current drugs and dosages: Indicate special diet needs)

3. Recent CBC & Biochemistry Result

Kindly note results should be within two days prior to scheduled scan date. (This is mandatory for anesthesia).

- Referral veterinarian will perform and upload the result on your user account
- Please perform at Dr Vet Animal Hospital

4. Spinal Tap Requested?

Collection of cerebrospinal fluid (CSF) from the spinal canal can be performed under same sedation and after the scan at an extra cost.

- Yes No

5. Has this patient has a previous CT/MRI done?

- Yes No Not Sure

6. Does the patient have pacemaker, microchip, hemoclips or other implants?

- Yes No

IF YES, PLEASE DESCRIBE WHICH TYPE AND LOCATION (IF KNOW)

7. Microchip Removal Requested (at an additional cost) Before the scan?

If the microchip is located close to the area of interest that needs to be imaged, it can potentially cause artifact on the MRI images. In such cases, it might be advisable to consider removing the microchip to ensure the quality of the images.

- Yes No

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.
- Urgent Report: Your report will be ready within 6 hours after the MRI is completed.

(During weekends can take up to 24 hrs).

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

DR. VET | ANIMAL HOSPITAL

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 **drvet.ae**