

Advanced Imaging Request Form MRI/CT

Outpatient only MRI/CT Patient referral to Earlwood
to include MRI/CT

Practice details

Practice name	
Referring vet	
Telephone	
Email address	

Patient details

Owner name		Species	
Patient name		Breed	
Urgent Report Needed	Yes <input type="checkbox"/>	Sex	Age
Pertinent history			
Questions to be answered			

Imaging Request (must be completed)

Type of imaging	CT <input type="checkbox"/>		MRI <input type="checkbox"/>					
Body areas	Head	<input type="checkbox"/>	Thorax	<input type="checkbox"/>	Abdomen/Pelvis	<input type="checkbox"/>	Other	<input type="checkbox"/>
	C1-T2	<input type="checkbox"/>	T3-sacrum	<input type="checkbox"/>	Forelimbs	<input type="checkbox"/>	Hindlimbs	<input type="checkbox"/>

Imaging safety questionnaire (must be completed)

Does the patient have any of the following? If so, please provide details			
Heart disease/ Pacemaker	Y	N	
Renal disease	Y	N	
Known adverse reactions to medications	Y	N	
Surgery within the previous two months	Y	N	
Metal fragments / implants any location	Y	N	
Pregnancy	Y	N	
Endocrine disease, bleeding disorder, neoplasia	Y	N	
Epilepsy	Y	N	

NOTE: By submitting this form you confirm that you are a qualified veterinary surgeon who has obtained consent from the patient's owner to act on behalf of the animal described above; that the owner has given permission for the administration of an anaesthetic/sedative to the above animal at the imaging location together with any other procedures that may prove necessary; and that the owner understands that in the unlikely event of an emergency or where additional pain relief or sedation may be required, the imaging branch will act in the best interests of the patient.; that the owner has agreed that they have understood that medicines may be used which are not licensed for use in dogs and cats; and that in the event that you cannot be contacted on the above number, you understand that the imaging branch will act in the best interests of the patient.