



**ADVANCED  
EQUINE  
IMAGING**

**MRI Request Form**

v1.0 April 2018

**URGENT / NON-URGENT**

Referral from \_\_\_\_\_

Date \_\_\_\_\_

Referring vet			
Referring clinic			
Phone		Email	

Patient details

Name		Owner's name	
Age		Owner's phone	
Gender		Owner's address	
Breed		Owner's email	
Colour		Foreign metal objects?	
Weight			

Owner's details are required for billing purposes

Scanning requirements

**Pertinent history, physical exam findings and current problem list**

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**Type of scan requested**

Please indicate desired areas for imaging.

Left Front	Right Front	Left Hind	Right Hind
<input type="checkbox"/> Foot	<input type="checkbox"/> Foot	<input type="checkbox"/> Foot	<input type="checkbox"/> Foot
<input type="checkbox"/> Pastern	<input type="checkbox"/> Pastern	<input type="checkbox"/> Pastern	<input type="checkbox"/> Pastern
<input type="checkbox"/> Fetlock	<input type="checkbox"/> Fetlock	<input type="checkbox"/> Fetlock	<input type="checkbox"/> Fetlock
<input type="checkbox"/> Distal Suspensory	<input type="checkbox"/> Distal Suspensory	<input type="checkbox"/> Distal Suspensory	<input type="checkbox"/> Distal Suspensory
<input type="checkbox"/> Proximal Suspensory	<input type="checkbox"/> Proximal Suspensory	<input type="checkbox"/> Proximal Suspensory	<input type="checkbox"/> Proximal Suspensory
<input type="checkbox"/> Flexor Tendons	<input type="checkbox"/> Flexor Tendons	<input type="checkbox"/> Flexor Tendons	<input type="checkbox"/> Flexor Tendons
<input type="checkbox"/> Carpus	<input type="checkbox"/> Carpus	<input type="checkbox"/> Tarsus	<input type="checkbox"/> Tarsus

**Other comments:**

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Please email this completed form along with relevant prior imaging to [referrals@advancedequineimaging.com.au](mailto:referrals@advancedequineimaging.com.au)

Thank you for your referral. Please call AEI on 08 9393 3373 to discuss this referral with our staff.