



**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

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:

Please email this completed form along with relevant prior imaging to referrals@advancedequineimaging.com.au

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