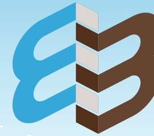

BUSH ADVANCED
VETERINARY IMAGING

MRI/CT Referral Form

Please complete the following and fax together with all necessary paperwork (recent records and lab work). Please note, that CT is only available through BAVI at our Leesburg facility.

GENERAL INFORMATION
• It is very important to note that your patient will be anesthetized for the MRI or CT. Please advise your clients as to the risks of anesthesia, as well as any special instructions regarding medications to be given before the MRI or CT.
• We prefer that all labwork, x-rays, and other testing be done prior to the arrival of your patient. A list of required tests has been provided. Do not hesitate to contact us should you have any specific questions.
• For MRI studies, we strongly recommend that a radiograph of the area to be imaged is obtained before anesthetizing your patient as metallic objects such as bullets or BBs near the area of interest can prevent us from getting a diagnostic exam.
• Critical patients must be stabilized before we can proceed with an MRI/CT. Alternatively, you may elect to have your patient admitted through the emergency service at your location and then transferred to Bush Advanced Veterinary Imaging. Transfers will need to be coordinated as part of the MRI/CT scheduling process.

Referring Veterinarian Information

Clinic Name ____

Veterinarian #1 ____

Veterinarian #2 ____

Address ____________________ City ____________ State ______ Zip __________ __________

Clinic Number ______________________ Fax Number ______________________

CLIENT AND PATIENT INFORMATION

Client's Name ______________________ Phone Number ______________________

Patient's Name ______________________ Breed ______________________

Species ______________________ Age ______ Weight ______ Sex ______ Color ______

Case History and Medical Information

Please indicate patient history including past and current medical problem(s), results of all diagnostic testing, any medication(s) prescribed, and response to medication(s), if any. Please include any sensitivity to anesthesia or any known allergies. Attach patient history.

____

____

____

TYPE OF STUDY (check one): MRI ☐CT ☐**$75 STAT read** (30 minute turn around): Yes ☐ No ☐

AREA TO BE IMAGED (Please check/circle)

SPINE	BRAIN	HEAD/NECK	LIMB/JOINTS	SOFT TISSUE
☐ C1-T2 ☐ T2-L4 ☐ L3-Sacrum ☐ C1-Sacrum (Double Study)	☐ Brain	☐ Nasal Cavity ☐ Osseous Bullae ☐ Orbits ☐ Sinus ☐ Soft Tissue Neck	☐ L / ☐ R - Brachial Plexus ☐ L / ☐ R - Shoulder ☐ L / ☐ R - Stifle ☐ L / ☐ R - Elbow ☐ L / ☐ R - Hip ☐ L / ☐ R - Pelvis	☐ Abdomen ☐ Chest Wall ☐ Lung Tissue/metastatic evaluation

Signature of Veterinarian Requesting Test ____

165 Fort Evans Road, NE #103 • Leesburg, VA 20176 | P 703.669.5544 | F 703.669.5959
5918 West Broad Street • Richmond, VA 23230 | P 804.716.4806 | F 804.716.4814
1 Taft Court • Rockville, MD 20850 | P 301.637.0906 | F 301.637.6503
6651 Backlick Road • Springfield, VA 22150 | P 703.866.3642 | F 703.563.9681

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