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.
• 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 _____ Email _____

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.

_____

_____

Responsible for Costs:
☐ Client
☐ Referring Hospital

Type of Study (check one):
☐ MRI
☐ CT

Turn Around Time:
☐ Standard review (< 72 hours) at no additional charge
☐ Stat review (<4 hours) $150 additional charge

AREA TO BE IMAGED (Please check/circle below):

SPINE	HEAD/NECK	LIMB/JOINTS	SOFT TISSUE
☐ C1-T2 ☐ T2-L4 ☐ L3-Sacrum ☐ C1-Sacrum (Double Study)	☐ Nasal Cavity ☐ Osseous Bullae ☐ Orbits ☐ Sinus ☐ Soft Tissue Neck ☐ Head	☐ L / ☐ R - Brachial Plexus ☐ L /☐ R - Shoulder ☐ L /☐ R - Carpus ☐ L /☐ R - Elbow ☐ L / ☐ R - Hip ☐ L / ☐ R - Pelvis ☐ L / ☐ R - Stifle ☐ L / ☐ R - Tarsus	☐ Abdomen ☐ Thorax ☐ Pre or Post Thoracic Met Check only
BRAIN			
☐ Brain			

Signature of Veterinarian Requesting Test _____