Imaging Request Form

Easy access to MRI & CT

☐ CT ☐ MRI (Please tick box)

Practice details

Practice name:		Tel:	
Address:			
Referring Vet:		Vet Signature:	
Vet E-mail:			

Animal details

Owner's name:		Tel:					
Address:							
Animal's name:		Sex:		Breed:		Weight:	Kg

In order for us to provide the optimum examination please give a brief clinical history including presenting signs, provisional diagnosis and ongoing medication (Please attach a copy of all relevant history).

Anaesthetic Risk: ☐ **Low** ☐ **Medium** ☐ **High** **(Please enter in box above reason for risk and discuss with owner)**

I confirm that the patient is compliant with the statements below: If not, please detail above.

☐ (please tick the box)

- Has no known heart or renal problems
- Does not have any metal fragments in eyes or any other part of the body
- Has not had any operations involving the insertion of metal implants, plates or clips.
- Does not have any type of electronic, mechanical or magnetic implant (excluding microchip)
- Has not had any surgery in the previous two months
- Is not pregnant
- Has no known adverse reaction to iodinated x-ray contrast agent

Area(s) to be scanned:

Head	☐ Brain	☐ Nasal	☐ Bullae	☐ ST Head	☐ ST Neck		
Spine	☐ Cervical	☐ Thoracic	☐ Lumbar	☐ Sacrum			
Orthopaedic	☐ Stifle	☐ Elbows	☐ Tarsi	☐ Limb	☐ Shoulders	☐ Hips/Pelvis	☐ Carpi/Paws
General	☐ Chest	☐ Angio	☐ Abdo	☐ Brachial Plexus			

Other (please specify):

If you have any queries, please contact us by e-mail enquiries@burgessdiagnostics.com or on 0845 371 4012
Burgess Diagnostics www.burgessdiagnostics.com