



COMPANION MRI OF CENTRAL NEW ENGLAND

MRI REFERRAL FORM

993 North Main St
West Hartford, CT 06117
Phone: 860-586-8610 Fax: 860-586-8619
(Map and Directions on Reverse)

REFERRING VETERINARIAN INFORMATION

Name of Referring Veterinarian _____ E-mail _____
Name of Hospital (Referring) _____ Phone Number: _____ Fax Number _____
Name of Primary Care Veterinarian (if not the same) _____ E-mail _____
Name of Primary Care Hospital _____ Phone Number: _____ Fax Number _____
Preferred Means of Communication : _____ (We will Fax and/or E-mail a written report within 24 hours of your patient's examination)
E-Mail Address _____ (For report and image delivery)

Companion MRI will donate \$25 in your name for every exam you order to your choice of the following Animal Charities:

Please check one: CT ASPCA CT Humane Society Other _____

CLIENT INFORMATION

Client Name(s): _____ Telephone Contact Numbers: 1 _____ 2 _____

PATIENT INFORMATION

Patient Name: _____ Dog Cat Other(specify) _____ Breed _____ Age _____ Gender _____

Pertinent General Medical History/Anesthetic Concerns:

Please attach or send copies of lab work and other test results performed within the past 2 weeks

WE REQUEST THE FOLLOWING MINIMUM DATA BASE:

CBC, Chemistry Profile (Including Electrolytes), Lead II ECG, UA

Anatomical Region(s) to be Scanned:

- Brain/Orbit/Bulla Nasopharynx Chest Abdomen Pelvis C-Spine T-Spine (T1-T12) T-Spine (T3-L3)*
 L-Spine (T12-Sacrum) Stifle (R) (L) Hip(s) (R) (L) Elbow (R) (L) Brachial Plexus Other (Please Specify)

Current History and Reason for MRI Scan:

Note: Initial anatomical region studied is included in exam fee. Each additional anatomical region is \$250 * T3-L3 is charged as two exams

Has this patient had a previous MRI done? No ___ Yes ___ Not sure _____ Date _____

Are you aware of any implanted devices in this patient (e.g., pacemaker, orthopedic implants, etc.)?

NO ___ YES ___ (please describe): _____ (ID microchips are OK)

Do you require **Stat** results (<24 hour turnaround time)? No ___ Yes ___ (STATS require a \$40 additional charge)

Best means to contact you _____

We appreciate the opportunity to help you with the diagnostic imaging of your patient. The patient's medical record will be reviewed prior to anesthesia and MRI scanning by our Medical Director. He/she will contact you if there are any questions or discrepancies. If additional diagnostic evaluation is required before proceeding with the MRI the Medical Director will contact you and the client to discuss.

The Staff at Companion MRI are here to help you obtain the most valuable information possible regarding your patient's problem. Please feel free to contact us at any time to discuss the appropriateness of MRI for the condition, possible alternatives, anticipated client costs, or with any other questions that will enhance your utilization of and satisfaction with our services. All scans will be reviewed by a board-certified veterinary radiologist familiar with MR interpretation and their report will be forwarded to you. The on-site Medical Director will also be available to answer any questions you may have regarding your patients exam.

We appreciate your referral!!