

Ex-Scan UK

The Animal MRI Scanning Centre

MRI Request Form

All parts of this page must be completed; prior to arranging an appointment

Client Name			
Address			
Animal Name			
Animal Type	Species	Breed	
Date of Birth			
Age			
Colour			
Weight			
Referring Practice or veterinary surgeon			
Address			
Telephone			

Insurance			
Is the animal insured	Yes	No	
Company			
Level of cover			
Policy number			

Current Treatment and medication			
Medication	1		
	2		

Contraindications for MRI (this section must be completed prior to scan)			
Foreign body (shrapnel/bullet) Yes/No	Orthopaedic Implant Yes/No	Microchip Yes/No	
Clinical Information			
What question(s) should the MRI Scan answer?			
Area to be scanned			
Signed			
Date			
Appointment date for scan			
Ex-Scan Informed	Yes/No	Anrich informed	Yes/No

To be completed by authorised persons only.	
Radiographer	
Conditions	Anaesthetic/Sedation
Time animal into the scanner	
Time animal out of the scanner	
Area scanned	
Sequences	
Incidents	Yes/No
Gadolinium used	Yes/No
Batch number	Expiry date
Report:	
Name of reporting vet	
Signature	
Date	