

# OUTPATIENT MRI REQUEST FORM



Please complete the form in **black ink**, attach clinical history including diagnostic results and images and email to: [referrals@eden-vets.co.uk](mailto:referrals@eden-vets.co.uk)

## TURNAROUND REQUIRED FOR IMAGING REPORT

Standard 3 - 5 days  Priority upto 24 hrs\*  Urgent upto 4 hrs\*  \*fees applicable

## PRIMARY CARE PRACTICE DETAILS

Referring Vets Name:

Telephone:

Email:

Referring Vet Practice:

Address:

  

Postcode:

PLEASE NOTE REPORTS AND LETTERS WILL BE EMAILED TO YOUR PRACTICE ON THE EMAIL ADDRESS GIVEN

## OWNERS DETAILS

Owners Name:

Telephone:

Email:

Insured:

Yes  No  Company:

Address:

  
  

Postcode:

Policy No.  
(if known):

Limit:

(if known)

## PATIENT DETAILS

Name:

Age/DOB:

Sex:

Species:

Breed:

## AREA TO BE SCANNED

Brain

C1-C5

C6-T2

T3-L3

L4-51

Other please list:

Questions to be answered on report:

  
  
  
  

Brief summary/history of case:

  
  
  
  

Contrast required: Yes  No

**Telephone:** 01270 439 277 **Email:** [referrals@eden-vets.co.uk](mailto:referrals@eden-vets.co.uk) **Website:** [www.eden-veterinaryreferrals.co.uk](http://www.eden-veterinaryreferrals.co.uk)

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