



# MRI-specific Referral Form

Date: \_\_\_\_\_

## rDVM Information

Doctor: \_\_\_\_\_ Hospital/Practice: \_\_\_\_\_

Preferred method of contact: E-mail: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

## Billing Method

AVCG to Bill Pet Owner Direct:

AVCG to Bill Referring Hospital Direct:

## Client/Patient Information

Client Name: \_\_\_\_\_ Primary phone: (     ) \_\_\_\_\_  
Last First

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Weight: \_\_\_\_\_ Sex: M/F Neutered? Yes/No

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Area of Interest for MRI scan: \_\_\_\_\_

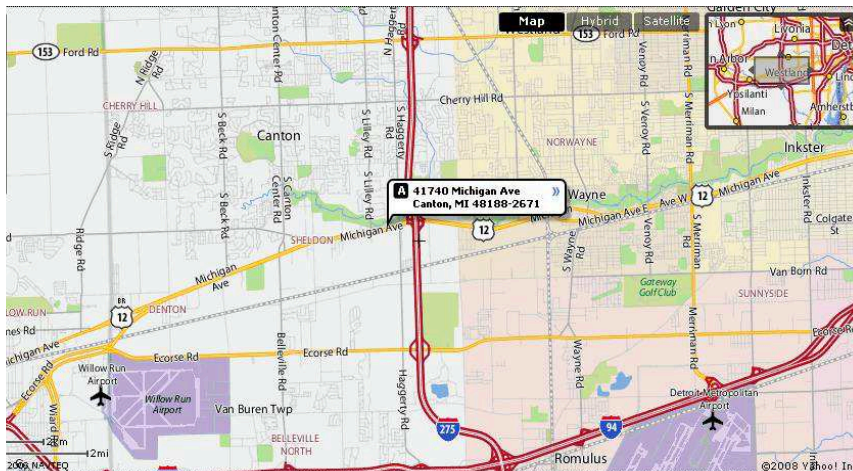
**\*\* Please attach/enclose pertinent medical records, laboratory data and radiographs \*\***

Current therapy/medication(s): \_\_\_\_\_

Known drug sensitivities: \_\_\_\_\_

To help us ensure a successful and safe MRI scan, please provide answers to the following inquiries:

	Yes	No	Comments
Does the patient have a microchip? (MRI deactivates Microchips)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the patient have any internal metal? (i.e., plates, pins, shot etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the patient have a pacemaker?	<input type="checkbox"/>	<input type="checkbox"/>	_____



**Advanced Veterinary Care Group is located on the north side of Michigan Avenue just west of Haggerty Road and I-275 in Canton. (In the same office complex as the Choice Urgent Care building)**