

## Non-Neurological CT/MR Imaging Referral Form

*This form and special pricing are for non-neurological cases only. Please contact us if you have questions.  
For the most current version, please print copies or submit online from our website: [www.vetneuro.com](http://www.vetneuro.com)*

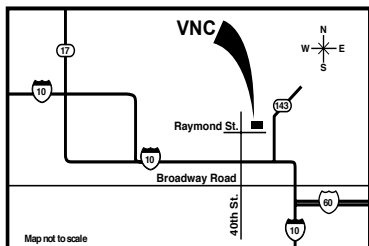
Kim E. Knowles, D.V.M., M.S., DACVIM (neurology)  
 Laura Stainback, D.V.M., DACVIM (neurology)  
 Trevor Moore, D.V.M., DACVIM (neurology)  
 Lydia Lovato, D.V.M., DACVIM (neurology)  
 Nathan Bemier-Parker, D.V.M., DACVIM (neurology)  
 Jennifer Balaban, BVM&S (neurology resident)  
 Adi Oz, D.V.M. (neurology resident)  
 Samantha Lombardo, BVetMed (neurology resident)

**PHONE** (602) 437-1488

**FAX** (602) 437-5425

**EMAIL** [vncmail@vetneuro.com](mailto:vncmail@vetneuro.com)

**WEBSITE** [www.vetneuro.com](http://www.vetneuro.com)



**ADDRESS** 4202 East Raymond Street  
 Phoenix, AZ 85040-1935

### Medical History:

A. Tentative Diagnosis: \_\_\_\_\_

B. History and Clinical Findings: \_\_\_\_\_

C. List any known metal in patient (IM pins, plates, etc.) \_\_\_\_\_

Current labwork (CBC, Chemistry Profile, Urinalysis) performed within 10 days is required for any patient undergoing an anesthetic procedure at the VNC.

I understand lab results are to be sent to the VNC prior to the appointment or provided at the time of the appointment. \_\_\_\_\_ (initials)

### Imaging Information:

A. Type of Study: CT ☐ MRI ☐

B. Area of Study:

Abdomen	<input type="checkbox"/>	Bone (specify)	<input type="checkbox"/>	_____
Thorax	<input type="checkbox"/>	Joint (specify)	<input type="checkbox"/>	_____
Adrenals/Pituitary	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	_____
Nose/Sinuses	<input type="checkbox"/>			

C. Known Anesthetic Risks:

Cardiac	<input type="checkbox"/>	CNS	<input type="checkbox"/>
Pulmonary	<input type="checkbox"/>	Metabolic	<input type="checkbox"/>

D. Drug Sensitivities/Allergies: \_\_\_\_\_

E. Previous Imaging Studies: Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Unless otherwise requested, imaging interpretation will be performed by:**

Jaime Sage, D.V.M., M.S., Diplomate, ACVR  
 Veterinary Imaging Consultant (Specializing in MRI)  
[www.mrivets.co](http://www.mrivets.co)

**Permission to send imaging to Dr. Sage?**

☐ Yes

**NOTE:** A link to the imaging study will be emailed to the referring veterinarian

\_\_\_\_\_  
 Veterinarian Signature

\_\_\_\_\_  
 Date