



ADVANCED IMAGING REQUEST



Referring Veterinarian and Client/Patient Information

Client Name(s) (First & Last): _____

Client Address: _____
(Street) (City) (State) (Zip Code)

Client Primary Phone: _____ Client E-mail: _____

DVM: _____ Hospital Name: _____

Hospital Address: _____
(Street) (City) (State) (Zip Code)

Phone: _____ Fax: _____ E-mail: _____

Patient Name: _____ Species: _____

Breed: _____ Age: _____ Weight (Kg): _____

Sex: Male Male Neutered Female Female Spayed

Imaging Modality Requested

CT ☐ MRI ☐

Brain	<input type="checkbox"/>	C1-T2	<input type="checkbox"/>	Brachial Plexus	L	<input type="checkbox"/>	R	<input type="checkbox"/>	Thorax	<input type="checkbox"/>
Nasal/Orbit	<input type="checkbox"/>	T3-L3	<input type="checkbox"/>	Shoulder	L	<input type="checkbox"/>	R	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>
Neck/Thyroid	<input type="checkbox"/>	L4-S2	<input type="checkbox"/>	Stifle	L	<input type="checkbox"/>	R	<input type="checkbox"/>	Pelvis	<input type="checkbox"/>

Other (please specify in history section) ☐

Due to length of time under anesthesia, MRI scans are usually limited to no more than two sites per anesthetic event. If more than two sites are being requested, please email imaging@scissortailvets.com or call (405) 594-4999 to discuss the request with the imaging team.

In an effort to maximize diagnostic utility, the veterinary specialists may elect to alter the requested imaging modality and/or area to be imaged based on the history and physical exam findings on the day of presentation.

Case History and Medical Information

Chief Complaint/Tentative Diagnosis:

Pertinent Medical History/Physical Exam Findings/Duration of Current Problem:

Current Medication(s): Please include any known sensitivity to anesthesia or any known allergies.

Laboratory Data Available? Yes ☐ No ☐ (Ex – CBC, Urinalysis, Chemistry Profile, etc.)
Please be sure to include pertinent history and exam notes with all diagnostics and e-mail to imaging@scissortailvets.com).

Radiographs Taken? Yes ☐ No ☐
If YES, please send radiographs to imaging@scissortailvets.com.