

Out Patient MRI/CT request form

Practice Details

Practice name	
Referring Vet	
Telephone	
e-mail address	
Fax number	



FOREST
Veterinary Centre

www.forestvets.com

Patient details

Owner name		Species	
Patient name		Breed	
Owners contact Telephone number		Sex Age	
History			
Questions to be answered			

MRI /CTImaging request

Body areas	Head <input type="checkbox"/> Arnold Chiari screening <input type="checkbox"/>	C1-T2 <input type="checkbox"/>	T3-sacrum <input type="checkbox"/>	Other please specify <input type="checkbox"/>
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Do you require a Vet CT report ? posted Faxed e-mail

Do you wish Forest Veterinary Centre to report findings to owner

or Home vet

Imaging Safety Questionnaire

Does the patient have any of the following? if so please provide details			
Heart disease/pacemaker	y	n	
Renal disease	y	n	
Known adverse reactions to medications	y	n	
Surgery within the previous two months	y	n	
Metal fragments/implants including microchip	y	n	
Pregnancy	y	n	
Endocrine disease, bleeding disorders, neoplasia	y	n	
Epilepsy	y	n	

Please fax to 01992 573900 or email general@forestvets.com with referral letter and relevant clinical history.

We will contact the owner to arrange the imaging.

Main Centre & Hospital: 78 Hemnall Street, Epping Essex CM16 4LQ

Woodford Bridge: 32 Waltham Road, Woodford Bridge, Essex IG8 8EB

Harlow: Eastwick Lodge, Harlow, Essex, CM20 2QT

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