Phone: 973-772-9902 / Fax: 973-772-9904
1071 Paulison Ave.
Clifton, NJ 07011

MRI/CT Request

VETERINARY
MRI + RADIOTHERAPY
CENTER OF NEW JERSEY

Date: _____

Requesting Veterinarian Information

Veterinarian's Name
Hospital Name
Address
City
State Zip
Telephone ( )
Fax ( )

Patient Information

Owner's Name
Owner's Phone Number
Patient's Name
Breed
Species: canine [ ] feline [ ] avian [ ] exotic [ ]
Sex: female spayed [ ] female intact [ ]
male neutered [ ] male intact [ ]
Age: Body Weight: (lbs/kg)

Patient's pertinent laboratory, historical and physical exam findings

Historical Summary_____

_____

_____

Current Medications:_____

Previous anesthetic complications if significant: _____

Minimum medical database requested

Please provide copies of the following test results obtained recently.

CBC [ ] Chem. Screen [ ] Urinalysis [ ] Thoracic radiographs (original films) [ ] US results [ ]

(Feline patients please also provide recent FeLV, FIV, and T4 results)

Study Type

Please contact our staff prior to referral for imaging if you have any questions regarding the imaging method of choice and/or estimates

Anatomical Region(s) to Scan: _____

CT Scan [ ] MRI [ ]

Goal of study (primary rule outs, etc.): _____