



Klinika dla Małych Zwierząt
WĄSIATYCZ

KLINIKA DLA MAŁYCH ZWIERZĄT WĄSIATYCZ SP. Z O.O.

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MAGNETIC RESONANCE IMAGING REFERRAL						MRI			
city / town					date				
REFERRING VETERINARIAN *		veterinarian's stamp							
phone *					e-mail *				
PATIENT DATA (ANIMAL) *					OWNER / GUARDIAN DATA *				
name		sex **		☐ ♀ ☐ ♂		Full name			
date of birth or age		weight				address			
species **		Ca ☐ Fe ☐ other ☐		neutered / spayed**		yes ☐ no ☐		phone	
breed		microchip / metal implants **		yes ☐ no ☐		e-mail			
PURPOSE OF EXAMINATION / DIAGNOSIS / SUSPICION *									
MEDICAL HISTORY *						CURRENT MEDICATIONS *			
ATTACHED MEDICAL DOCUMENTATION *									
PLEASE PERFORM ADDITIONAL TESTS **									
CBC + Blood Biochemistry ☐ (performed within a maximum of 7 days prior to the MRI scan)				X-ray ☐		Ultra-sound ☐		HP ☐ OTHER	
PLEASE PROVIDE ADDITIONAL CONSULTATIONS **									
CARDIOLOGY ☐		NEUROLOGY ☐		ORTHOPEDICS ☐		OTHER			
IMPORTANT: DETAILED MRI EXAMINATION AREA: **									
HEAD: SKULL ☐ FACE ☐		NECK - SOFT TISSUES ☐		SPINE - LEVEL C1-Th2 ☐		Th3-L3 ☐		L3-S3 ☐	
EXTREMITIES:		SHOULDER JOINT RIGHT ☐ LEFT ☐			KNEE JOINT RIGHT ☐ LEFT ☐				
OTHER									
URGENT EXAMINATION AND REPORT: YES ☐ NO ☐									
Date, signature, and stamp of the referring veterinarian									

* Mandatory fields

** Mark the appropriate boxes with an "X"

NOTE: A SEPARATE FEE IS CHARGED FOR EACH EXAMINED AREA, ADDITIONAL TEST, AND CONSULTATION (EACH MARKED BOX).

BEFORE THE MRI EXAMINATION, THE ANIMAL SHOULD BE FASTED FOR AT LEAST 12 HOURS AND SHOULD NOT DRINK FOR 4 HOURS.