

MRI Request Form

ACCESS | Advanced Critical Care, Emergency and Specialty Services

For Attention:

ACCESS Hospital | Los Angeles
9599 Jefferson Blvd. Culver City, CA 90232
Tel: 310-558-6100 | Fax: 310-558-6199

ACCESS Hospital | San Fernando Valley
20051 Ventura Blvd. Woodland Hills, CA 91364
Tel: 818-887-2262 | Fax: 818-704-0323

Referring Veterinarian Information

Dr. Name: _____

Practice Name: _____

Address: _____

Date: _____

Tel #: _____

Fax #: _____

Email: _____

ZIP: _____

Patient/Client Information

Patient Name: _____

Client Name: _____

Patient History _____

Species: _____

Age: _____

Breed: _____

Weight: _____

Purpose of MRI _____

Special Requests _____

Date of last MRI performed: _____

Metallic Implants: Yes No

Microchips: Yes No

Cranium

- Brain Nasal
 Orbit Bulla

Spine

(neuroanatomic localization)

- C1-5 C6-T2
 T3-L3 L4-S2

Cervical-soft tissue

- Pharynx/Larynx
 Thyroid

Abdomen

- Survey Adrenal/renal
 Liver Bladder-prost-ureth

Musculoskeletal (Specify) _____

Extremity (Specify) _____

Other (Specify) _____

Additional Requests CSF Tap Biopsy (list tissue) _____

Contrast Required: Yes No

Transport Required: No Yes

Location of Patient: _____

*Outpatient Patient MRI requires Doctor to Doctor consultation. Please call ACCESS Dept. of Neurology for further information.