



**RAINSBROOK  
VETERINARY  
GROUP LTD**

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## MRI Booking Request

Email: [MRI@rainsbrook.com](mailto:MRI@rainsbrook.com)

Fax: 01788 562242

### MRI dates 2017 (may be subject to change)

February 10th	March 10 <sup>th</sup>	April 7 <sup>th</sup>	May 5 <sup>th</sup>
June 2 <sup>nd</sup>	June 30 <sup>th</sup>	July 28 <sup>th</sup>	August 25 <sup>th</sup>
September 22 <sup>nd</sup>	October 20 <sup>th</sup>	November 17 <sup>th</sup>	December 15th

### Referring Practice Details:

Practice Name:

Referring Vet:

Address:

Email address (for reports):

Client Name:		Pet Name:	
Client Address:		Species:	
		Breed:	
		Age:	
		Weight:	
Telephone numbers:		Sex:	
Insured:	YES / NO (please delete)		
Insurance Company:		Policy Number:	

### ANIMAL HISTORY: (use additional pages where necessary)

Date of onset of clinical signs:

Details of any metal implants: (include date implanted)

Area(s) to be scanned: (Circle all that apply)

Head - CNS, Nose, Ears, Shoulder- left, right, Pelvis/Hips, Stifle- left, right, Spine C1-T2\*, Spine T3-tail\*

\*NB In large breed dogs MRI of the complete spine will require three areas not two - please specify area of interest.

Thorax, Abdomen, Elbow, Carpus/Foot, Tarsus/Foot (CT Recommended)

Presenting Signs:

Current Medication:

Question(s) you want answered:

**PLEASE FAX OR EMAIL FULL CLINICAL HISTORY.**

