



MRI Referral Patient Information Form

Client Name : _____ Client Email: _____

Client Address and Phone Number: _____

Patient Name: _____ **Scheduled MRI Date:** _____

Referring Veterinarian's Name and Email Address: _____

Do you have a preference which doctor oversees your horse's case while at Pioneer Equine Hospital?

Anatomy to be scanned: _____

History

Please have the referring veterinarian email a detailed history, making sure to provide all pertinent records including radiographs and ultrasound images, to MRI@pioneerequine.com

This information will be forwarded to Dr. Natasha Werpy and included in the MRI Report.

Is the patient insured? YES NO

If yes, please indicate insurance company name, agent, and contact number.

If insured, has the insurance company approved this procedure and/or been notified of the date?

Is the horse currently shod? YES NO

Do you want the shoes tacked back on before the horse goes home for an additional fee? YES NO

Whom should we contact upon the patient's recovery from anesthesia?

Name and phone number (maximum of two individuals please)

Tentative date to be picked up: _____ Hauler if known: _____

*The MRI report will be emailed to Pioneer Equine Hospital and the referring veterinarian within 48 hours of the procedure.

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