

**University of Alaska Fairbanks  
Molecular Imaging Facility**

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# Veterinary Patient Referral Form

Referring Veterinarian \_\_\_\_\_

Referring Clinic/Phone Number \_\_\_\_\_

Owner Name/Phone Number \_\_\_\_\_

Patient Name \_\_\_\_\_

Species/Breed \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Would the patient experience be improved by at home sedation before the MRI appointment? yes/no

Location to be imaged \_\_\_\_\_

Does the patient contain any medical implants of any kind (ID tag, replacement hip, etc.)?

Are there any known reasons why it would be unsafe to subject the patient to magnetic fields or radiofrequency pulses? If yes, please explain.

Reasons for the MRI scan (Please also send a copy of blood work from within the last 6 months)

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Naturally Inspiring.*

UAF is an AA/EQ employer and educational institution.