AMAH Animal Medical Academy Hospital
動物醫療學會醫院
A member of EC Healthcare

(852) 3899 8999 enquiry@amahvet.com.hk
Shop No. 12-17, G/F Harbour Crystal Center, 100 Granville Road, Tsim Sha Tsui East, Kowloon

Imaging Referral Form

Booking Date : _____ Time : _____

Patient Information :

Patient Name : _____

Date of Birth : _____ Age: _____

Sex : ○ Male ○ Female

Breed : _____

Species : ○ Canine ○ Feline

Neutered : ○ Yes ○ No

Metal Foreign Body : _____

Anesthesia by ○ General practitioner ○ Anesthetist

Owner Information :

○ Mr. ○ Mrs. ○ Ms.

Name : _____

Phone : _____

☐ Acknowledgement of General Anesthesia

History of present illness :

Current medications :

Specific arrangement required, Specific Questions, Comments or Concerns :

Allergy history of : ☐ Contrast medium

☐ Other allergies : _____

☐ **MRI Plain / Plain + Contrast**

Skull / Head / Neck :

☐ Brain ☐ Other : _____

Spine :

☐ C1-T2 ☐ T3-L3 ☐ T9-L5 ☐ L4-S2

☐ T3-S2 (Double Study)

☐ **CT Plain / Plain + Contrast**

☐ Head ☐ Thorax ☐ Neck

☐ Abdomen (Above Diaphragm to Pelvis)

☐ Spine 1 : C1-T2 ☐ Spine 2 : T3-Tail

☐ Limb : ☐ Fore ☐ Hind

rDVM information

Veterinarian Name : _____

Email : _____

Veterinary Clinic : _____

Address : _____

Clinic Phone : _____

Clinic Chop: _____

Signature of Doctor: _____