



**CAVE CREEK**  
EQUINE



CAVE CREEK EQUINE SURGICAL & IMAGING CENTER [www.cavecreekequine.com](http://www.cavecreekequine.com) | 623-581-5508 Office 623-516-0934 Fax | 34705 N. 14th St., Phoenix, AZ 85086

# SMALL ANIMAL MRI/NUCLEAR SCINTIGRAPHY REFERRAL FORM

## OWNER CONTACT INFORMATION

**OWNER NAME:** \_\_\_\_\_

**OWNER ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

## PATIENT INFORMATION

**PATIENT NAME:** \_\_\_\_\_

**SPECIES:** \_\_\_\_\_ **BREED:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**GENDER:** MALE FEMALE SPAYED/NEUTERED (circle)

## REFERRAL INFORMATION

**REFERRING VETERINARIAN:** \_\_\_\_\_

**VETERINARIAN PHONE:** \_\_\_\_\_

**CLINICAL FINDINGS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AREAS OF EVALUATION: RIGHT LEFT FRONT HIND (CIRCLE)**

\_\_\_\_\_

\_\_\_\_\_

**Pre anesthesia blood-work is to be performed by the referring veterinarian. We recommend a CBC/Chemistry.**

**The doctors here at Cave Creek Equine are committed to our referring veterinarians. We uphold firm standards to preserve the referring veterinarian-client relationship. Our policy dictates that the prescribed diagnostic tests are performed, and the patient is referred back to their veterinarian for treatment unless that veterinarian desires otherwise.**

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