



**HAPPY VALLEY VETERINARY CLINIC & HOSPITAL**  
O/B HAPPY VALLEY VETERINARY CLINIC CO., LTD.  
**跑馬地獸醫診所及醫院**

Companion Animal Medical, Surgical & Diagnostic Facility  
G/F, 6 Cheong Ming Street, Happy Valley, Hong Kong  
Tel: (852) 2572-0977 Fax: (852) 2577-5182 Email: hvvcinfo@gmail.com



## MRI SUBMISSION FORM

**Please send submission form AND relevant history to Fax no.: 2577 5182 or Email: hvvcinfo@gmail.com**

Referring Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Vet: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Client: \_\_\_\_\_ Client Contact No.: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Requested MRI study:

\_\_\_\_\_

MRI Body Areas:  Brain  Nasal  Neck / Thyroid / Larynx  Orbit

**Spine:**  C1-T2 / Neck  T3-L7 / S1  Tail

Other \_\_\_\_\_

Contrast:  Yes  No

Brief Clinical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Tests Performed and Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Anaesthetic Risk Assessment:  Low  Medium  High

Other Relevant Notes:

\_\_\_\_\_

\*How would you like us to send the follow-up report?

Email: \_\_\_\_\_  Fax: \_\_\_\_\_

