



For Office Use Only:

D/O Date: _____
 D/O Time: _____ AM/PM
 MRI Date: _____
 Scanned In: _____

MRI Credit Card Authorization Form

OWNER INFO:

Name: _____
 Address: _____

 Email: _____
 Phone: (____) _____ - _____
 Auth'd Agent/Shipper: _____
 Phone: (____) _____ - _____

PATIENT INFO:

Name: _____
 Referring Vet: _____
 Age: _____ Breed: _____
 Color: _____ Sex: _____
 Discipline: _____
 Is patient insured: YES/NO(circle one)

Please note that we must pull shoes prior to scanning. If the horse has glue on shoes, please have them pulled prior to the appointment. Horses should arrive to the hospital by 8 AM the day of their MRI appointment. The timing of the actual MR examination will vary, so please plan to leave your horse for the day.

PAYMENT AUTHORIZATION:

A credit card number is required prior to the horse's arrival.

VISA MC AMEX DISCOVER Care Credit#: _____ Exp: _____ CVV: _____

The cost of an MRI varies depending on the amount of scanning. An initial study MRI begins at \$2,000. Sedation is included in this fee. Any additional region that needs to be scanned is \$600 per region. An MRI re-evaluation study begins at \$1,500. Please note that prices are subject to change, and will vary based on the referring veterinarian's recommendations. If you have any questions, please do not hesitate to call the office at (908)439-2821.

_____ (please initial) I consent to the use of the above described animal's case study to be used for medical education and teaching purposes, provided neither the owner nor the patient is identified by name.

I have read and understand that I am responsible for payment of the MRI in full at the time of discharge. I authorize my credit card above to be charged following the completion of the MRI.

Signature: _____ Print Name: _____ Date: _____

Please Fax Completed Form to: 908-439-2691 or Email to: mwalsh@bwfurlong.com or kdavis@bwfurlong.com

Any Further Questions or Concerns please contact our office at 908-439-2821