



FAX THIS ORDER TO: 972.869.9916

WE HIGHLY RECOMMEND THAT YOU SUBMIT ALL RELEVANT MEDICAL RECORDS AND LAB WORK SO WE CAN BE PREPARED FOR EACH CASE.

CT REFERRAL FORM – SMALL ANIMAL

Patient Name*:	Age*:	Gender*:	
Patient Weight*:	Breed*:	Date of Request*:	
Owner's Name*:	Phone*:		
Owner's Address*:	City*:	State*:	Zip*:
Other Authorized Party/Relationship:	Phone:		
Referring Veterinarian*:	Phone*:		
Clinic Name*:			
Address*:			
Email*:	Fax*:		

Please send any radiographs taken at your clinic for your client's appointment.

Radiographs*: Sent digitally Sent with client None taken

Each patient should have a physical exam, CBC, chemistry panel and 3-view chest radiographs (if > 6 years old) prior to the CT exam to evaluate anesthetic risk (approximately 1.5 to 2 hours). Please send lab results and/or x-rays with this order if available. Intravenous iodinated non-ionic contrast is used on most CT studies.

Please check exam you are prescribing for this patient*:

- CT of Skull / Nasal Passage
- CT of Spine
- CT of General Abdomen
- CT of Thorax
- CT of Elbows Left Right

Specific area of interest*:

Working diagnosis and reason for exam*:

Symptoms*:

Surgical clips present*? Yes No Foreign metal objects*? Yes No Where? _____

Previous surgery*? Yes No

Additional exam you are prescribing*:

Veterinarian's Signature*:

**Required field.*