



FAX THIS ORDER TO: 972.869.9916

PLEASE INCLUDE THE MOST RECENT PHYSICAL EXAM FINDINGS AND LABORATORY RESULTS WITH THIS FORM.

CT REFERRAL FORM – EQUINE

CT's are performed as an outpatient basis. Allow 2.5 hours from the appointment time to be discharged. The procedure is done under sedation, no dietary restrictions are needed. Each patient should have a physical exam, CBC, and/or chemistry panel.

Registered Name*:

Barn Name*: _____ Age*: _____ Date of Request*: _____

Color*: _____ Gender*: Mare Gelding Stallion Breed*: _____

Owner's Name*: _____ Phone*: _____

Owner's Address*: _____ City*: _____ State*: _____ Zip*: _____

Email*: _____

Referring Veterinarian*: _____ Preferred Contact Phone*: _____

Clinic Name*: _____

Address*: _____

Email*: _____ Fax*: _____

Insured*? Yes No

Please check exam you are prescribing for this patient*:

CT of Skull / Sinuses

Contrast (if indicated)

CT - Foal

Yes No

Image Viewing Preference: CD Link to Images

Specific area of interest*: _____

Working diagnosis and case summary*: _____

Symptoms/Clinical signs*: _____

Additional exam you are prescribing*: _____

Veterinarian's Signature*:

**Required field.*