



EMAIL OF FAX THIS ORDER TO:
info@animalimaging.net - (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.

Date of submission*: _____

Registered Name*: _____ Barn Name*: _____

Breed*: _____ Age*: _____ Color*: _____

Gender*: Mare Gelding Stallion

Owner's Name*: _____ Phone*: _____

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

Owner's Email*: _____

Main Contact (if different from Owner)*: _____

Email*: _____ Phone*: _____

Referring Veterinarian*: _____

Clinic Name*: _____ Preferred Contact Phone*: _____

Email to send report to*: _____ Fax*: _____

Insured*? Yes No

Please check exam you are prescribing for this patient*:

CT of Skull / Sinuses Contrast (if indicated)

CT - Foal Yes No

Specific area of interest *: _____

Working diagnosis and case summary*: _____

Symptoms/Clinical signs*: _____

Additional exam you are prescribing*: _____

Veterinarian's Signature*: _____ *Required field.