



EMAIL OR FAX THIS ORDER TO:
info@animalimaging.net - (972) 869-9916

PLEASE 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 submission*:

Owner's Name*: Phone*:

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

Other Authorized Party/Relationship: Phone:

Owner's Email*:

Referring Veterinarian*: Phone*:

Clinic Name*:

Email to send copy of report to*: Fax*:

Please send any radiographs or lab results performed at your clinic for your client's appointment.

Radiographs*: Sent through DVM insight Emailed to info@animalimaging.net Sent with Client None taken

Current labwork?*: Yes (sent with referral) None (please see requirements below)

Each patient should have a physical exam, CBC & chemistry panel done in the last 30 days. 3-view chest radiographs (if > 6 years old) are recommended 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.