ADVANCED **VETCARE**

ADVANCED IMAGING REFERRAL FORM

Referring Clinic and Veterinarian: ____

Client's Name: ____________________ Mobile Number: ____________________________

Patient's Name: _____________________ Species: Dog / Cat / Rabbit / Bird / Guinea Pig

Breed: _____________ Age: _______________ Male / Female Weight:________________

Tentative Diagnosis:____

Pertinent history: ____

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Clinical Examination findings____

Any pre-existing medical condition and current medications? ________________________

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Lab result □ Emailed □ with client □ Faxed □ Not done

Radiographs □ Emailed □ with client □ Not done

Any previous surgery? ____

Any implants and where? ____

Previous exposure to iodine and any adverse reaction? ____________________________

Any concern for GA? ____

Requesting CT of:

□ Brain □ Abdomen (please specify region________________________)

□ Nasal □ Spine (please specify region_________________________)

□ Orbits □ Extremity (please specify region_________________________)

□ Thorax □ Others (please specify region__________________________)

Is CT Interpretation needed? □ Yes □ No