

Advanced Imaging Referral Form

Referring Veterinarian:

Clinic / Hospital:

Clinic Email:

Client Name (Full):

Client Contact No:

Patient Information

Name:

Sex:

☐ M

☐ F

Sterilised:

☐ Y

☐ N

Species:

Breed:

Age:

Weight:

Outpatient Service Request (Please check where applicable)

Region(s) of interest

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Craniofacial | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Neck | <input type="checkbox"/> Liver <input type="checkbox"/> Kidneys <input type="checkbox"/> Bladder <input type="checkbox"/> Ureter(s) |
| <input type="checkbox"/> Orbit | <input type="checkbox"/> Thorax | <input type="checkbox"/> Urethra <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Auditory canals | <input type="checkbox"/> Extremity | <input type="checkbox"/> Spine |
| | (Specify limb(s) and region(s)): | <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracolumbar <input type="checkbox"/> Lumbosacral |
| | _____ | <input type="checkbox"/> Others: _____ |

Study

- ☐ Plain ☐ Myelogram ☐ Contrast angiogram ☐ Intravenous pyelogram ☐ Intravenous contrast ☐ Others: _____

Presenting problem / Tentative diagnosis

Current treatment(s) (including medications and dosages)

Case history / Physical examination findings summary

Please state any concerns regarding general anaesthesia

Laboratory results / data (check where applicable)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Haematology | <input type="checkbox"/> Biopsy Information |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Coming with owner |
| <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Emailed / Faxed |
| <input type="checkbox"/> Not done | |

Imaging data (check where applicable)

- | | |
|--|--|
| <input type="checkbox"/> Radiograph(s) | <input type="checkbox"/> Emailed / Faxed |
| <input type="checkbox"/> Ultrasound report | <input type="checkbox"/> Not done |
| <input type="checkbox"/> Coming with owner | |

Interpretation of Results ☐ Required (additional charges apply) ☐ Not required, image DVD will be given to client on discharge

The client has been duly informed that depending on the patient's presenting condition, additional procedures and associated costs may be incurred. Yes ☐ No ☐

Thank you for your kind referral 🐾

Signature / Date