

**ADVANCED IMAGING REFERRAL FORM**

**Referring Veterinary Information**

Referring Clinic/Hospital: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

**Client & Patient Information**

Client Name (Full): \_\_\_\_\_ Contact: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_

**Presenting problem / Tentative diagnosis**

\_\_\_\_\_  
\_\_\_\_\_

**Case history / Physical examination findings summary**

\_\_\_\_\_  
\_\_\_\_\_

**Current treatment (s) (including medications and dosages)**

\_\_\_\_\_  
\_\_\_\_\_

**Please state any concerns regarding general anaesthesia:**

\_\_\_\_\_

**Laboratory results / data** (check where applicable)

- Haematology  Biochemistry  Urinalysis  Biopsy information  
 Coming with owner  Email  Faxed  Not done

**Imaging data** (check where applicable)

- Radiograph(s)  Ultrasound report  
 Coming with owner  Email  Faxed  Not done

**Outpatient Service Request:**

**Region(s) Of Interest (check / specify where applicable):**

- Brain  Nose  Orbit  Auditory canals  Craniofacial  Neck  Thorax  
 Abdomen ( Liver  Kidneys  Bladder  Ureter(s)  Urethra  Other: \_\_\_\_\_)  
 Spine ( Cervical  Thoracolumbar  Lumbosacral)  
 Extremity (Specify limb(s) and region(s): \_\_\_\_\_)  Other: \_\_\_\_\_

**Study (check where applicable):**

- Plain  Intravenous contrast  Myelogram  Contrast angiogram  Intravenous pyelogram  
 Other(s): \_\_\_\_\_

The image DVD will be handed to the owner on discharge, interpretation will be organized by the referring vet.

We recommend Vet CT Specialists(UK) or Veterinary Imaging Associates(Australia) for interpretation of the images.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date