

### Referring Veterinarian

Doctor \_\_\_\_\_

Hospital \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



### Patient Information

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex: M MC F FS

Appointment Date \_\_\_\_\_ Appointment Time \_\_\_\_\_

### Medical History

Tentative Diagnosis \_\_\_\_\_

History and clinical findings (please include bloodwork) \_\_\_\_\_

Previous imaging studies (please include report) \_\_\_\_\_

Drug sensitivities / allergies \_\_\_\_\_ Known anesthetic risks \_\_\_\_\_

### Computed Tomography Exam Requested:

Please check main area of study.

**HEAD**

- entire head including submandibular lymph nodes
- nasal cavity frontal sinuses
- maxilla, mandible and temporo-mandibular joints
- tympanic bullas
- brain/pituitary

**SPINE**

- thoracic       cervical
- lumbar         lumbosacral

**HINDLIMB**

- pelvis (including sublumbar lymph nodes) / tail / perineum  Right  Left
- coxofemoral joint to stifle       Right  Left
- stifle to paw                       Right  Left

**NECK**

- cervical spine
- thyroid, parathyroid, thoracic inlet

**THORAX**

**ABDOMEN**

**FORELIMB**

- scapula to shoulder       Right  Left
- shoulder to elbow       Right  Left
- elbow to paw               Right  Left

**Additional services:**     CSF Tap     Myelogram     Other \_\_\_\_\_

**PLEASE BRING ALL PERTINENT X-RAY FILMS AND LAB WORK FOR SUBMISSION TO RADIOLOGIST. RESULTS OF THE CT STUDY WILL BE REPORTED TO THE REFERRING VETERINARIAN.**