



**CT Referral Request Form**

Referring Veterinarian:	Phone:
Referring Hospital:	Preferred Method of Contact:
Clinic Email:	Clinic Fax:

**I am referring this patient to VES/VSC for:**

- CT and consult with appropriate specialist
- CT only (imaging report will be sent directly to the referring DVM, VES will not consult or share results with owner)

**I prefer to receive my final imaging report via:**

- Email     Fax    *(we will use the email/fax information listed above)*

Client Information	Pet Information
Name:	Name:
Address:	Age:
State:                      Zip:	Breed/Color:
Home Phone:	Sex:
Cell Phone:	Weight:
Email (optional):	Pet Type: (circle)    DOG    CAT OTHER: (please list)

**Please attach the following supplemental information:** *(This will assist us in preparation of a complete history for CT request forms)*

- Pertinent medical records     Labwork     Radiographs *(either email or send plain films with client)*

**Please be sure to remind your client:**

- No food after 10 pm, water is ok     Bring radiographs     Bring medications

**PLEASE CONTINUE ON REVERSE SIDE →**



**Anatomic Region of Interest:**

**Presenting Complaint/History:**

**Physical Exam Findings:**

**Pertinent Laboratory or Imaging Findings:**

**Preliminary/Tentative Diagnosis:**

**Specific Clinical Questions/Concerns:**

**Additional Comments:**

DVM Signature: \_\_\_\_\_