



<i>Client Information</i>	Title:	<i>Patient Information</i>	
Name:	Name:		
Address:	Species:	Breed:	
	Age: yrs mths	Colour:	
	Sex:	Neutered:	
Telephone:			
Mobile:			
Client Email:			

Referring Practice:		Vet:
Email address:		

<i>CT Imaging Request</i>			<i>Forelimbs</i>		<i>L</i>	<i>R</i>	<i>Hindlimbs</i>		<i>L</i>	<i>R</i>
	Head	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>		Hips	<input type="checkbox"/>	<input type="checkbox"/>	
	Thorax	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>		Stifle	<input type="checkbox"/>	<input type="checkbox"/>	
	Abdomen	<input type="checkbox"/>	Carpus	<input type="checkbox"/>	<input type="checkbox"/>		Tarsus	<input type="checkbox"/>	<input type="checkbox"/>	
	Spine C1-T2 (or neck)	<input type="checkbox"/>	Metacarpals/foot	<input type="checkbox"/>	<input type="checkbox"/>		Metatarsals/Foot	<input type="checkbox"/>	<input type="checkbox"/>	
	Spine T3-sacrum	<input type="checkbox"/>								
Further imaging requirements										
Urgency	Routine	<input type="checkbox"/>	Priority (Additional fee)	<input type="checkbox"/>	Urgent (Additional fee)	<input type="checkbox"/>				
Please always phone practice to discuss case BEFORE urgent CT referral.										
History	Please attach further relevant history									
Questions to be answered										

Does the patient have any of the following? If so, please provide details

Heart disease/ Pacemaker	Y	N	Metal fragments / implants any location	Y	N
Renal disease	Y	N	Pregnancy	Y	N
Known adverse reactions to medications	Y	N	Endocrine disease, bleeding disorder, neoplasia	Y	N
Surgery within the previous two months	Y	N	Epilepsy	Y	N

NOTE: By submitting this form you confirm that you are a qualified veterinary surgeon who has obtained consent from the patient's owner to act on behalf of the animal described above; that the owner has given permission for the administration of an anaesthetic/sedative to the above animal at the imaging location together with any other procedures that may prove necessary; and that the owner understands that in the unlikely event of an emergency or where additional pain relief or sedation may be required, the imaging branch will act in the best interests of the patient.; that the owner has agreed that they have understood that medicines may be used which are not licensed for use in dogs and cats; and that in the event that you cannot be contacted on the above number, you understand that the imaging branch will act in the best interests of the patient.