



**VCA Canada Tri Lake  
Animal Hospital & Referral Centre**

**Ph:** 250.766.3236 **Fax:** 250.766.3237

## OUTPATIENT CT REFERRAL

**DATE:** \_\_\_\_\_ mm/dd/year

### PATIENT INFORMATION:

PET NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ mm/dd/year

SPECIES/BREED: \_\_\_\_\_

COLOUR: \_\_\_\_\_

GENDER:  M  MN  F  FS

### CLIENT INFORMATION:

NAME: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### REFERRING HOSPITAL INFORMATION:

REFERRING HOSPITAL: \_\_\_\_\_

REFERRING DVM: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PREFERRED METHOD OF COMMUNICATION:**  Phone  Email

**Outpatient CTs are booked on the next available appointment, but urgent cases can sometimes be accommodated. If you have an urgent case, please call us directly.**

**Turnaround time for the radiology report is typically 24 hours. If you would like a STAT interpretation (< 4 hours), please indicate here:**  STAT Read

### CIRCLE THE BODY REGION(S) THAT YOU WOULD LIKE INCLUDED IN THE CT:

\*Both sides will be done for comparison

Head	Cervical spine	Thoracic spine	Lumbar spine	Pelvis
Shoulders*	Elbows*	Stifles*	Carpus + foot*	Tarsus + foot*
Thorax	Abdomen	Full body		

Please complete both pages of this form and return to: [trilake@vca.com](mailto:trilake@vca.com)



## OUTPATIENT CT REFERRAL

**Our CT technique may vary depending on the disease process under investigation. Please help us to get the most useful results by sharing your thought process below.**

**PRIMARY DIFFERENTIAL DIAGNOSIS:** \_\_\_\_\_

**SECONDARY AREA(S) OF INTEREST:** \_\_\_\_\_

**RELEVANT HISTORY:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETED DIAGNOSTICS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT TREATMENTS & MEDICATIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTS INCLUDED:**

- Medical records\*
- Lab results\*
- Radiographs

**DOCUMENTS WILL BE SENT VIA:**

- Email (preferred)
- Courier / Fax (circle)
- w/ Client
- PACS

**\* CTs are performed under sedation, therefore medical records and current bloodwork is required. If bloodwork is not provided, we will run in-house bloodwork prior to the CT.**

I consent to the use and storage of my information in accordance with the terms and conditions detailed in the VCA Canada Privacy Statement, a copy of which is available at [vcacanada.ca/about/privacy-statement/](http://vcacanada.ca/about/privacy-statement/)

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Referring DVM Signature