



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		



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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:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Email (preferred) | <input type="checkbox"/> w/ Client |
| <input type="checkbox"/> Courier / Fax (circle) | <input type="checkbox"/> 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/

Referring DVM Signature