



OUTPATIENT CT REFERRAL

Ph: 250.766.3236 Fax: 250.766.3237

REFERRING HOSPITAL INFORMATION:

DATE: \_\_\_\_\_

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

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

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

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

PREFERRED METHOD OF COMMUNICATION:

Phone  Email  Fax

OUTPATIENT CT REQUESTED:

CT  CT with Contrast

Outpatient CTs will be booked based on next available appointment. If you would like the interpretation completed STAT please indicate here:  STAT Read

REASON FOR REFERRAL: please specify desired site(s) for imaging

\_\_\_\_\_  
\_\_\_\_\_

PRESENTING COMPLAINT:

\_\_\_\_\_  
\_\_\_\_\_

PERTINENT CLINICAL HISTORY / PE / LAB RESULTS\*:

Please include a summary of the pertinent history and lab results. Include behavioural concerns, medical alerts, history of seizures or drug reactions. Please attach/send all supporting documents.

**\*this information is mandatory and will be submitted as written with the CT images.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTS INCLUDED:**

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

**DOCUMENTS WILL BE SENT VIA:**

- Fax
- PACS
- Email
- Courier
- With client
- Other: \_\_\_\_\_

**\*Outpatient CTs will be performed under sedation therefore medical records and current bloodwork is required (within last 3 months). If bloodwork is not provided bloodwork will be run in-house prior to the CT.**

**CLIENT INFORMATION:**

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

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

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

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

**PATIENT INFORMATION:**

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

SPECIES/BREED: \_\_\_\_\_ GENDER:  M  MN  F  FS

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

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/)

\_\_\_\_\_  
Referring DVM Signature