



Out Patient CT Referral Form

Please Complete the following.

Owners should anticipate that their pet may need to stay at Countryside Veterinary Medical Group for the day.

Patients need to be **fasted 12 hours** prior to appointment. You will be sent the CT results within 24 hours. If you decide you would like to have a consult with one of our specialist, please let us know and we will accommodate any additional needs.

- Contact CVMG to review the case and ensure that the case qualifies for an outpatients CT
- Send available medical records and diagnostics to CVMG via e-mail or fax (Lab work that has been done within 30 days of the CT scan can be used as pre-anesthetic bloodwork)
- If we **do not** receive this Out Patient CT Referral Form prior to the scheduled appointment, we will be unable to perform CT scan.

Referring Veterinarian Information.

Veterinarian: _____ Veterinary Hospital: _____

Hospital Phone: _____ - _____ - _____ Hospital Fax: _____ - _____ - _____

Hospital Email Address: _____

Doctor's Email Address: _____

Client/Patient Information.

Client Name: _____ Phone: _____ - _____ - _____

Client Email Address: _____

Patient Name: _____ D.O.B. _____

Sex: Male/Female Spayed/Neutered: Y/N

Species: Dog/Cat Breed: _____ Color: _____

-Indication for CT Scan: _____

-Region of Body to Scan: _____

-Known Concurrent Conditions: _____

Current Medications and Doses: _____

Known Allergies: _____

Please note that if your patient needs further diagnostics and/or treatment before anesthesia/CT is performed OR the CVMG doctor in charge has concerns performing anesthesia and/or if your patient is deemed medically unstable upon arrival to CVMG, the attending doctor will contact you to discuss concerns and make recommendations necessary to stabilize the patient prior to anesthesia and CT scan.

