

Client and Pet Information		
Client name:		
Home address:	City/State/Zip:	
Home phone:	Cell phone:	Work Phone:
Email:		
Pet Name:	Species:	Breed:
Color:	Sex:	DOB or age:
Referral Veterinarian		
Veterinary Clinic:	Referring Veterinarian:	
Clinic address:		
Phone:	Fax Number:	Email:
Patient Case History		
Reason for referral (chief complaint):		
Medical History/Clinical signs:		
Current medications/Therapies:		
Patient's current weight:		
Region of Interest for CT scan:		
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Abdomen <input type="checkbox"/> Thorax <input type="checkbox"/> Spine <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Other: _____		

Outpatient CTs are offered as an option for our referring partners and their clients. **However, if you would like your client to have a consultation with a specialist, then a new appointment must be scheduled instead of an outpatient CT.** It is the responsibility of the doctor requesting the outpatient CT to discuss the report findings with the client and make recommendations. If you have any questions, please feel free to give the office a call and we would be happy to help you. Thank you for your continued support and referrals.