



OUTPATIENT CT REQUEST

DATE		TIME
Referring Hospital		Veterinarian
We may need to contact you regarding additional info prior to scheduling an appointment with your patient. Please provide the best number to reach you.		YOUR CONTACT #
Please provide your email address. This will allow us to request IDEXX to send any lab results directly to you.		YOUR EMAIL

CLIENT

Client Last Name		First Name	
Street Address		City	Postal Code
Home Phone	Cellular	Email	

PATIENT

Name	Species	Breed	Age	Sex	Weight
PROBLEM LIST / DIAGNOSIS					
Area to be scanned <input type="checkbox"/> Head <input type="checkbox"/> Thorax <input type="checkbox"/> Abdomen <input type="checkbox"/> Limb					
RELEVANT HISTORY (Please include recent treatments and medications)					
ARE THERE ANY SEDATION CONCERNS/COMMENTS?					

*The price of the CT includes a radiologists report within 24 hours. A stat report within 4 hrs is available for an additional charge.
Note: 1 Site is included in the fee. Additional sites may be added for an additional cost.*

DIAGNOSTICS PERFORMED (Radiographs, Ultrasound, Lab Tests, etc.)	
<u>Labwork</u> If in-house, please send all results. If completed by TNVD/IDEXX, send results, if pending please have results cc'd.	
X-rays: Emailed <input type="checkbox"/> Coming with owner <input type="checkbox"/> Not performed <input type="checkbox"/> Dicom <input type="checkbox"/>	ctscans.aecfv@shaw.ca

OFFICE USE ONLY	BOOKED BY	DOCTOR / TECHNICIAN
	TIME AND DATE	

Fax to 604-514-1712 OR email to ctscans.aecfv@shaw.ca

JUNE 2018