

## Outpatient Imaging Request form

### Practice Details

Practice Name:  
Referring Vet:  
Telephone:  
Email address:

### Patient Details

Owners Name:  
Patient Name:  
Practice I/D number:                      Sex:                      Age:

Pertinent History to enable VetCT to give a full and meaningful interpretation of the CT images and to allow us to provide safe care for your patient.

### Questions to be Answered by VetCT interpretation Services

#### Body area to be scanned as per musculoskeletal body charts on CT web page

Head ☐ Neck ☐ Thorax ☐ Abdomen ☐ Pelvis/Tail ☐ C1-T2 ☐ T3-L7S1 ☐

Elbow              Left ☐              Right ☐

Carpus/Foot      Left ☐              Right ☐

Stifle              Left              Right ☐

Tarsus/Foot      Left              Right ☐

Shoulder              Left              Right ☐              Other / smaller area, please state ☐

Note: bilateral body areas i.e. both elbows are charged as one scan area. But for example elbow and shoulder would be classed as two scans

NB all CT scans imaging any tissue other than bone will require a full anaesthetic, contrast and IV fluids during the scan

Please complete imaging safety questionnaire on the following page.



## Imaging Safety Questionnaire

Does the patient have any of the following?

Heart disease/ Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>
Renal Disease	<input type="checkbox"/>	<input type="checkbox"/>
Known adverse reaction to medication	<input type="checkbox"/>	<input type="checkbox"/>
Surgery within the previous two months	<input type="checkbox"/>	<input type="checkbox"/>
Metal fragments/ Implants any location	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine disease, bleeding disorder, neoplasia	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>

If answered yes to any of the above, please give details

Current medications, please list.

### Report Urgency

☐ Standard- 4 days

☐ Enhanced- 2 days

☐ Priority- 24 Hours

☐ Urgent- 4 Hours

NOTE: By submitting this form you confirm that you are a qualified veterinary surgeon who has obtained consent from the patients owner to action behalf of the animal described above; that the owner has given permission for the administration of an anaesthetic/ sedative to the above animal at the imaging location together with any other procedures that may prove necessary; and that the owner understands in the unlikely event of an emergency or where additional pain relief or sedation may be required, Broadleys Veterinary Hospital will act in the best interests of the patient: that the owner has agreed that they understood that medicines may be used which are not licensed for use in dogs and cats: and that in the event you cannot be contacted on the above number, you understand that Broadleys Veterinary Hospital will act in the best interests of the patient.