

CT Imaging Request Form

Please return this form to info@parkhousevets.co.uk prior to the day of scanning.

Date of Scan:		Referring						
		Practice Name:						
Referring Vet Name:		Referring Vet Email Address:						
Client		Client Address:						
Surname:								
Client		0" (= "						
Telephone		Client Email Address:						
Number:								
		In a consul (M/I)	NV					
Animal Name:	Insured (Y/N) and Company:							
D.O.B	Sex:		Weight:					
Proods								
Breed:								
Disconnected all relevant eliminal history including proporting signs and provinced disconnected								
Please provide all relevant clinical history including presenting signs and provisional diagnosis.								
Please list any que	estions to be asked to the interpreting ra	diologist.						
Please specify held	ow any significant medical history inclus	ling any anaesthetic	hietory					
Please specify below any significant medical history including any anaesthetic history.								
I confirm that the patient is compliant with the statements below, please select all that apply. If not, please detail in the box above.								
Has no known renal problems								
Is not pregnant								
H Has no known	adverse reaction to contrast agent							
	•	1						



We can deal directly with insurance companies if we are able to have a preauthorisation for treatment in place **NOTABLE** of the scanning day.

Please be aware that this process can take time and cannot be facilitated on the day of the scan. Please contact our insurance processing team on **01785 252846** to discuss this further.

PLEASE CHECK THE CT AREAS TO BE SCANNED BELOW.

Please check "**C**" next to any areas you wish to have post contrast images acquired. Please call to discuss your case if you would like advice.

CT "C"

CT Head

CT ST Neck

CT C.Spine +/- Myelography

CT Thoracic Spine +/- Myelography

CT Lumbar Spine +/- Myelography

CT Lumbosacrum

CT Shoulders

CT Elbows

CT Carpi

CT Fore Limb (Shoulder to Toes)

CT Pelvis/ Hips

CT Stifles

CT Hocks

CT Hind Limb (Hips to Toes)

CT Chest

CT Abdo and Pelvis

CT (Liver Shunt study)

CT Brachial Plexus

CT Chest Abdomen and Pelvis

CT Intravenous Urography

CT intravenous Urography and

Retrograde Urethrogram

Please Indicate who you would like to report the results to the pet owner.

I will report the scan results directly to the client

I would like Park House Veterinary Centre to report the results to the client

Other CT								
	•							
Further Comments								



