

Beechwood Veterinary Hospital Imaging Referral Form

Fax to 01302 534118

This form is for veterinary use only

Imaging Modality: CT Is written report required? Yes No

Area to Image:

Contrast? Yes No

Case Type: Urgent Semi Urgent Non Urgent

Referring Vet Details

Referring Surgeon Name:

Referring Practice Name:

Practice Address:

Telephone: Fax:

E Mail:

Client Details

Client Name:

Client Address:

Telephone: E Mail:

Patient Details

Patient Name: Species: Canine Feline Other

Breed: Sex: M M(n) F F(n)

Date of Birth: DD / MM / YYYY Or Age: Year(s) Months Weight: Kg

Clinical Problem Details

Nature of Problem:

Tentative Diagnosis:

Current Medication(s):

Bloods within past 2 weeks Results reqd

Are there any known adverse drug reactions? Yes No

If yes, drug details

Does the patient have any metal implants? Yes No

If yes, please give details

Does the patient have a pacemaker? Yes No

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Notes:

1. We will be guided in terms of area to image by your clinical judgement. We will only (in cases referred for imaging only) perform an examination for the purposes of a pre anaesthetic check. We will not perform other diagnostic tests in patients referred for imaging only.
2. The question regarding Contrast or not will be observed if you specify a preference. We will however provide advice if required.
3. A CD of images will be returned to your practice.