

# OUTPATIENT IMAGING FORM

(All written reports will be faxed, unless otherwise requested)



Referring Veterinarian: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
 Name of Practice: \_\_\_\_\_ Address: \_\_\_\_\_  
 Practice Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Practice Fax: \_\_\_\_\_ Animal Name: \_\_\_\_\_  
 (M)ale/(F)emale: \_\_\_\_\_ Weight: \_\_\_\_\_ Canine/Feline: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
 Castrated/Spayed: \_\_\_\_\_ Intact: \_\_\_\_\_ Stat Case Y/N: \_\_\_\_\_

Has the patient previously received anesthesia? \_\_\_\_\_  
 Previous Anesthetic Complications: \_\_\_\_\_  
 List Previous Surgeries: \_\_\_\_\_  
 Allergies or Drug Reactions: \_\_\_\_\_  
 Current Medical Condition(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Current Medication(s) and Dosages: \_\_\_\_\_  
 \_\_\_\_\_  
 Temperament and Usual Office Behavior: \_\_\_\_\_

**Modality:** (please check box)  Ultrasound  Computed Tomography (CT)

Reason for Imaging: \_\_\_\_\_

**LIMBS:**

- Carpus/Forepaw R L
- Antebrachium R L
- Elbow R L
- Humerus R L
- Shoulder R L
- Tarsus/Hindpaw R L
- Tibia/Fibular R L
- Stifle R L
- Femur R L
- Hip/Pelvis R L

**HEAD/NECK:**

- Skull
- Brain
- Brain +C1, C2
- Nasal Cavity/Sinuses
- Osseous Bullae
- Orbits
- Mandible/TMJ+ Maxilla

**SPINE:**

- C1-T2
- T3-L3
- L4-Sacrum
- C1-Sacrum
- T3-Sacrum

**SOFT TISSUE:**

- Abdomen
- Thorax/Lung
- Chest Wall
- Urinary System

**Authorization** for contrast (if necessary)

**Physical Evaluations** (explain abnormal below):

Cardiac	Normal	Abnormal
Respiratory	Normal	Abnormal
Neurologic	Normal	Abnormal
Renal	Normal	Abnormal

Is Rabies vaccine status current? Yes No

**Please Attach** (circle): CBC CHEM RADS US

**Do any of the following apply** (circle)? If so explain

- Yes No Cardiovascular Surgery: Pacemaker/Shunts/Stents/Filters/Intravascular Coil
- Yes No Brain Surgery
- Yes No Orthopedic Surgery: Implants-Pins/Screws/Rods/Joints/Prosthesis
- Yes No Previous Spine Surgery (Cervical/Thoracic/Lumbar/Implants Placed?) \_\_\_\_\_
- Yes No Is the pet Micro-chipped/Gunshot Wound/BB
- Yes No Ingestion of any metal object? \_\_\_\_\_
- Yes No Screening radiographs for embedded metal, if yes was metal identified? \_\_\_\_\_

**Differentials:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_