



Out Patient CT Referral Form

Please complete the following.

Owners should anticipate that their pet may need to stay at Royal Vista Veterinary Specialists for the day.

Patients need to **fasted 12 hours** prior to appointment. You will be sent the CT results within 24 hours. If you decide you would like to have a consult with one of our specialists, please let us know and we will accommodate any additional needs.

- Contact RVVS to review the case and ensure that the case qualifies for an outpatient CT
- Send available medical records & diagnostics to RVVS via email or FAX (Lab work that has been done within 30 days of the CT scan can be used as pre-anesthetic bloodwork)
- If we do ***not*** receive this Out Patient CT Referral Form prior to the scheduled appointment we will be unable to perform CT Scan.

Family Veterinarian Information.

Veterinarian: _____ Veterinary Hospital: _____

Hospital Phone: _____ - _____ - _____ Hospital FAX: _____ - _____ - _____

Hospital Email Address: _____

Doctor's Cell Phone: _____ - _____ - _____

Doctor's Email Address: _____

Client/Patient Information.

Client Name: _____ Phone: _____ - _____ - _____

Client Email: _____

Patient Name: _____ D.O.B. _____ Sex: Male / Female Neutered / Intact

Species: Dog / Cat Breed: _____ Color: _____

-Indication for CT Scan: _____

-Region of Body to Scan: _____

-Known Concurrent Conditions: _____

-Current Medications and Doses: _____

Known allergies: _____

**** Please note that if your patient needs further diagnostics and/or treatment before anesthesia/CT is performed OR the RVVS doctor in charge has concerns performing anesthesia and/or patient if your patient is deemed medically unstable upon arrival to RVVS, the attending doctor will contact you to discuss concerns and make recommendations necessary to stabilize the patient prior to anesthesia and CT scan***