

# Non-Neurological CT/MR Imaging Referral Form

## Veterinary Neurological Center

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This form and special pricing are for non-neurological cases only. Please contact us if you have questions.  
For the most current version, please print copies or submit online from our website: [www.vetneuro.com](http://www.vetneuro.com)

### OWNER INFORMATION:

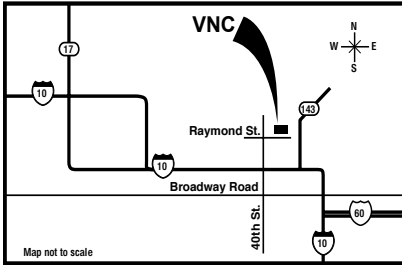
Name \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### PATIENT INFORMATION:

Name \_\_\_\_\_  
Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

### REFERRING VETERINARIAN INFORMATION:

Name \_\_\_\_\_ Hospital \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



### MEDICAL HISTORY:

A. Tentative Diagnosis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. History and Clinical Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. List any known metal in patient (IM pins, plates, etc.) \_\_\_\_\_  
\_\_\_\_\_

MARK THE TYPE OF IMAGING STUDY: CT  MRI

MARK THE AREA OF STUDY: Abdomen  Bone (specify) \_\_\_\_\_  
Thorax  Joint (specify) \_\_\_\_\_  
Adrenals/Pituitary  Other (specify) \_\_\_\_\_  
Nose/Sinuses

KNOWN ANESTHETIC RISKS: Cardiac  CNS   
Pulmonary  Metabolic

DRUG SENSITIVITIES/ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS IMAGING STUDIES: Date: \_\_\_\_\_ Location: \_\_\_\_\_

Attach a copy of current CBC, Chemistry Profile, UA (within past 10 days)

Unless otherwise requested, imaging interpretation will be performed by either:

Patrick Gavin, D.V.M., Ph.D, Diplomate ACVR/RO  
MR Vets, Inc., Sandpoint, Idaho  
OR

Amy Tidwell, D.V.M., Diplomate, ACVR  
Veterinary Imaging Consultant (Specializing in MRI & CT), Uxbridge, Massachusetts

Permission to send imaging to Dr. Gavin or Dr. Tidwell?

Yes  No

**NOTE:** A CD-Rom of the study will be forwarded to the referring veterinarian

Veterinarian Signature \_\_\_\_\_

Date \_\_\_\_\_