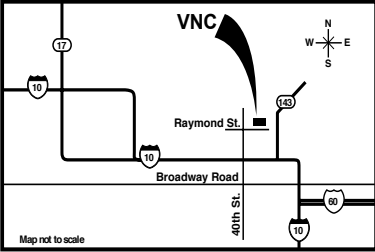


Non-Neurological CT/MR Imaging Referral Form

*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*

Kim E. Knowles, D.V.M., M.S., DACVIM (neurology)
 Laura Stainback, D.V.M., DACVIM (neurology)
 Trevor Moore, D.V.M., DACVIM (neurology)
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ADDRESS 4202 East Raymond Street
 Phoenix, AZ 85040-1935

Medical History:

- A. Tentative Diagnosis: _____
- _____
- _____
- B. History and Clinical Findings: _____
- _____
- _____
- C. List any known metal in patient (IM pins, plates, etc.) _____

Current labwork (CBC, Chemistry Profile, Urinalysis) performed within 10 days is required for any patient undergoing an anesthetic procedure at the VNC.
 I understand lab results are to be sent to the VNC prior to the appointment or provided at the time of the appointment. _____ (initials)

Imaging Information:

- A. Type of Study: CT MRI
- B. Area of Study:
- | | | | | |
|--------------------|--------------------------|-----------------|--------------------------|-------|
| Abdomen | <input type="checkbox"/> | Bone (specify) | <input type="checkbox"/> | _____ |
| Thorax | <input type="checkbox"/> | Joint (specify) | <input type="checkbox"/> | _____ |
| Adrenals/Pituitary | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> | _____ |
| Nose/Sinuses | <input type="checkbox"/> | | | |
- C. Known Anesthetic Risks: Cardiac CNS
 Pulmonary Metabolic
- D. Drug Sensitivities/Allergies: _____
- _____
- E. Previous Imaging Studies: Date: _____ Location: _____

Unless otherwise requested, imaging interpretation will be performed by:

Jaime Sage, D.V.M., M.S., Diplomate, ACVR
 Veterinary Imaging Consultant (Specializing in MRI)
www.mrivets.co

Permission to send imaging to Dr. Sage?

Yes

NOTE: A link to the imaging study will be emailed to the referring veterinarian

 Veterinarian Signature

 Date