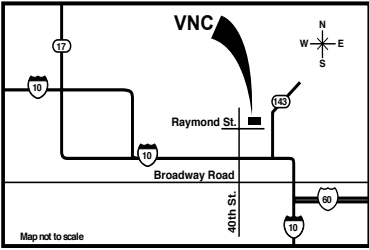


Non-Neurological CT/MR Imaging Referral Form

*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*

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ADDRESS 4202 East Raymond Street
 Phoenix, AZ 85040-1935

Owner Information:

Name: _____
 Telephone: _____ (work): _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip Code: _____

Patient Information:

Name: _____
 Species: _____ Breed: _____ Age: _____ Sex: _____

Referring Veterinarian Information:

Name: _____ Hospital: _____
 Telephone: _____ Fax: _____
 Address: _____ Email: _____
 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.) _____

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 Bone (specify) _____
 Thorax Joint (specify) _____
 Adrenals/Pituitary Other (specify) _____
 Nose/Sinuses
 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