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Outpatient CT referral form

Practice Details

Practice Name/Address	
Referring Vet	
Telephone	
Email Address (for reporting)	

Patient Details

Owner Name	Species	Species			
Owner's Address	Owner's contact telephone number(s)				
Patient Name	Breed				
Practice ID number	Sex		Age		
Relevant History					
Questions to be answered					

Body Areas (if uncertain, please contact us for advice):

Head	Thorax	Abdomen/Pelvis	Other (state)		
C1-T2	T3-Sacrum	Forelimb joints (state) Bilateral?	Hindlimb joints (state) Bilateral?		
Contrast Required?					
	If uncertain, please contact us for advice.				

Imaging Safety Questionnaire

Does the patient have	any of the f	ollowing?	If so please provide details
Cardiovascular disease	Y	N	
Renal Disease	Y	N	
Known adverse reactions to medications	Y	Ν	
Surgery within the past 2 months	Y	N	
Pregnancy	Y	N	
Endocrine Disease or bleeding disorders	Y	N	
Epilepsy or history of seizures	Y	Ν	
Has biochemistry/haematology blood testing been performed within 2 weeks	Y	N	If yes please email/fax results
This list is not exhaustive so please let us know if the pa	atient has a	ny other p	bertinent conditions we should be made aware of.

Invoicing

Would you like us to invoice you, the referring practice, directly?	Yes	No			
Please note that if you would like us to acquire payment directly from the client, we require payment, in full on the day of scanning.					
There are no additional charges for completion of insurance documents					

NOTE: By submitting this form you confirm that you are a qualified veterinary surgeon who has obtained consent from the patient's owner to act on behalf of the animal described above; that the owner has given permission for the administration of an anaesthetic/sedative to the above animal at the imaging location together with any other procedures that may prove necessary; and that the owner understands that in the unlikely event of an emergency or where additional pain relief or sedation may be required, Dragon Vets will act in the best interests of the patient.; that the owner has agreed that they have understood that medicines may be used which are not licensed for use in dogs and cats; and that in the event that you cannot be contacted on the above number, you understand that we will act in the best interests of the patient.