

CT Scan Referral

Dear Colleague,

St George's Vets are able to offer state-of-the-art CT scanning on site and welcome you to refer your patients to our hospital to assist with the diagnostic process.

If you wish to refer a patient, all we ask is that you follow a simple referral process and take a look at the information contained within this pack. The pack is split into 2 parts containing documents which need to be completed by the referring veterinary surgeon and also information to pass on to your referred clients. We suggest that you send your clients this information electronically where possible but we can also send you a supply of packs should you wish to hand one to a client.

Please save a copy of all of these documents onto a computer and use when required.

1. The referral form. To be completed by the referring veterinary surgeon and emailed to Jenny Lister at imaging@stgeorgesvets.co.uk. Jenny will then contact you to discuss your referral and arrange an appointment.
2. Body Area Chart. To be completed by the veterinary surgeon and emailed along with the referral form.
3. A Guide To CT / Useful Information / Meet The Imaging Team / Fees & Insurance / About Us, are all designed to provide useful information to the client when having to visit us with their pet.

If you have any further questions that are not covered by information in this pack, please do not hesitate to contact us on 01902 425262 or email: imaging@stgeorgesvets.co.uk

Warm Regards

Jo Weaver

Advanced Practitioner in Veterinary Diagnostic Imaging

BVSc CertVR MRCVS



St George's Vets
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Wolverhampton
WV2 1BD
Tel: 01902 425262
Email: imaging@stgeorgesvets.co.uk

CT Referral Request Form

Referring Veterinarian:	Phone:
Referring Practice:	Email:

Client Information	Patient Information
Name:	Name:
Address:	Age:
Postcode:	Species:
Home Phone:	Breed:
Mobile Phone:	Sex: Entire/Neutered
Email: (optional)	Weight:

Please attach the following supplemental information:

- Medical History
 Labwork
 Radiographs

Please be sure to remind your client:

- No food after 8pm, water is ok
 Bring Medications

Requested timing of report:

- 2-4 days
 Within 24hrs
 Same Day

History:

Date of onset of clinical signs:
Presenting signs:
Clinical examination:
Specific clinical questions/concerns:
Additional comments:

A contrast agent is typically used when scanning. We use Omnipaque which is off licence. This will be discussed with the client on the day of the scan.

Please tick to confirm whether pre-operative bloods have been performed prior to admission.

Yes No

Does the patient have/had any of the following:

- Orthopaedic implants (plates, screws, pins, artificial joints etc)
- Gunshot wounds, embedded BBs/pellets

If you answered yes to any of the above please provide details:

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Insurance

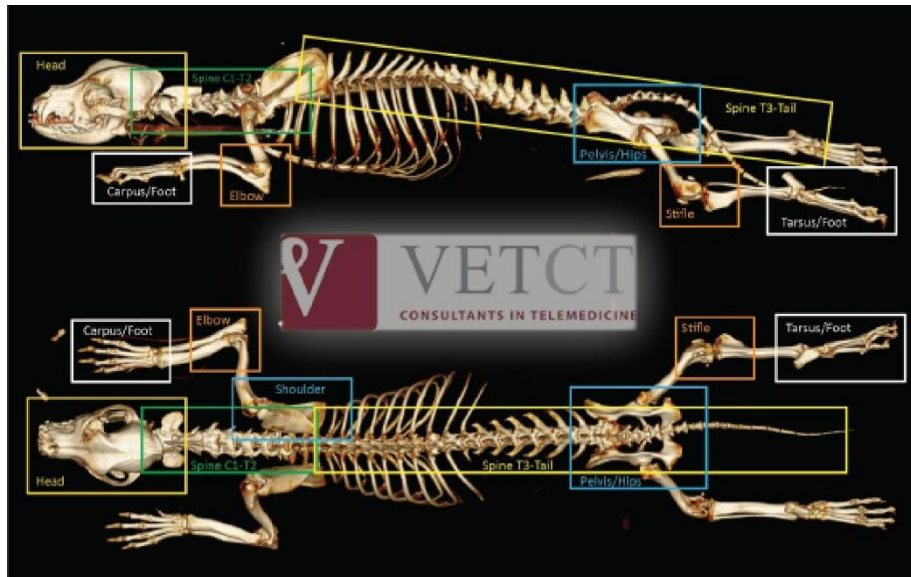
Insured? Yes No

Insurer provider:
Policy number:
Policy limit amount:
Direct claim requested:

Please ask your client to speak to their insurance company and give permission for St George's Vets to speak to them to confirm/discuss details of their insurance policy on their behalf.

Pet Name	
Owner Surname	
Referring Practice/Branch	

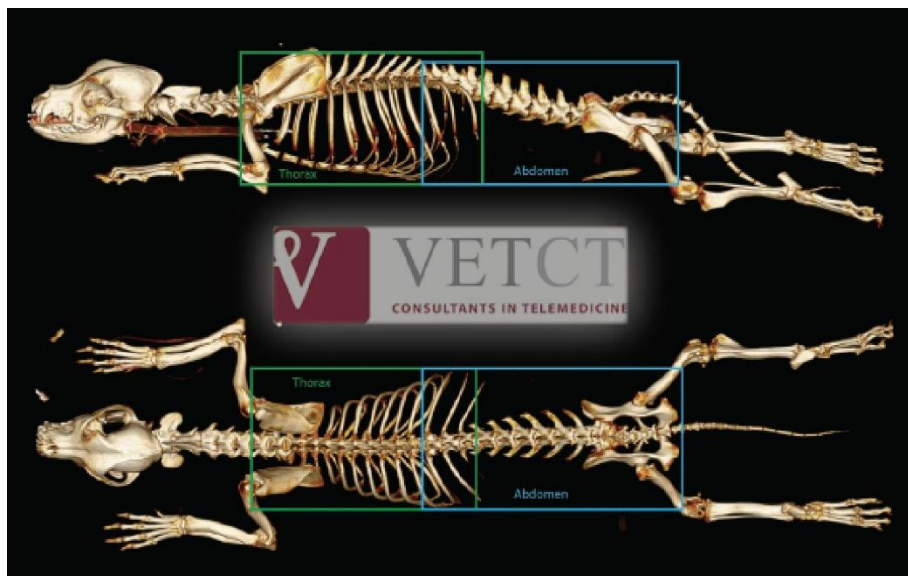
Musculoskeletal Body Areas



Please select areas for scanning

- Head
- Spine C1-T2
- Spine T3 – Tail
- Carpus/Foot
- Elbow
- Pelvis/Hips
- Stifle
- Tarsus/Foot
- Shoulder

Thorax & Abdomen Body Areas



- Thorax
- Abdomen

Please ensure that this document is sent alongside the CT Referral Request Form

Email to: imaging@stgeorgesvets.co.uk