

# CT REFERRAL FORM



Referring Information							
Veterinarian				Phone			
Clinic				E-mail			
Client information							
Name				Phone			
Address				E-mail			
Patient information							
Name		Birthdate		Age		Sex	
Breed		Species		Weight		Color	
<input type="checkbox"/> <b>Please confirm that the pet weighs less than 150 pounds</b>							
Patient behavior (Easy to handle? Caution? Fearful?):							
Summary of completed diagnostics (Please attach):							
Tentative diagnosis:							
Reason for CT:							
Specific areas to be scanned:							
<input type="checkbox"/> <b>Confirm the circumference of scan area(s) is less than or equal to 94 cm (37 inches).</b>							
We use iohexol 300 mg/ml for all our contrast studies. Please list any contraindications to contrast use <b>in this patient</b> :							
Current medications:							
<b>Please list any history of complications associated with sedation and/or general anesthesia:</b>							
<input type="checkbox"/> <b>Please confirm this patient is stable enough for sedation and/or general anesthesia</b>							
<b>Underlying medical issues-</b> (please attach history if needed):							

Discuss the following with your client PRIOR to referral. Ensure you can answer **yes** to each:

- ☐ 1) My client is aware that deep sedation or full general anesthesia will be required.
- ☐ 2) My client is aware of the risks of sedation or anesthesia in their pet.
- ☐ 3) My client is aware of the risks of IV contrast administration in their pet.
- ☐ 4) Parkway Small Animal and Exotic Hospital (PSAEH) will only provide veterinary care while performing the study. Once the study is completed, veterinary care will transfer back to you.
- ☐ 5) My client is aware they cannot be present for the scan. They will drop off their pet at our hospital and will pick up once the pet has recovered from sedation or anesthesia.
- ☐ 6) My client is aware that PSAEH will **NOT** be going over results (unless emergent life-threatening findings are reported by the radiologist and your facility is closed when the report returns).
- ☐ 7) The radiologist report will be sent back to your clinic for you to review with them. This process can take a minimum of 24-36 hours. Scans on Fridays may not report until the following Monday.
- ☐ 8) My client is aware of the costs of the CT scan and associated sedation/anesthesia.
- ☐ 9) My client is aware that the images of their pet(s) will be included in a portfolio which will be used for technique critique, continuous protocol updates, and educational purposes, including academic training, conferences, and medical seminars. They also know that **all client information will be blinded to maintain privacy and confidentiality.**

