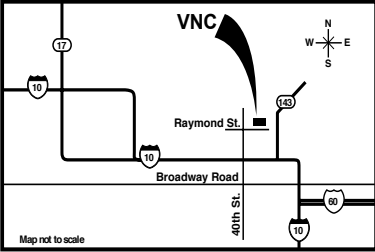


# Non-Neurological CT/MR Imaging Referral Form

*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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**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 CD-Rom of the study will be delivered to the referring veterinarian

\_\_\_\_\_  
 Veterinarian Signature

\_\_\_\_\_  
 Date