



Lancaster Veterinary Specialties

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Outpatient CT Request Form

Client and Pet Information

Client name:

Home address:

City:

State:

Zip:

Home phone:

Cell phone:

Work phone:

Email:

Pet Name:

Species:

Dog

Cat

Breed:

Color:

Sex:

FS

F

MN

M

DOB or age:

Referral Veterinarian

Veterinary Clinic:

Referring Veterinarian:

Clinic address:

Phone:

Fax Number:

Email:

Patient Case History

Reason for referral (chief complaint):

Medical History/ Clinical signs:

Current medications/ therapies:

Region of Interest for CT scan:

Head Neck Abdomen Thorax Spine Musculoskeletal Other: _____

If a consultation with a specialist is desired, then please schedule a new appointment instead of an outpatient CT. Please fax or email (medicine@lancastervs.com) all lab work, pertinent medical records, and radiographs. After review of the submitted information, a CT technician will be in contact for scheduling. Please feel free to call us with any further questions.