



Lancaster Veterinary Specialties

## 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 ([info@lancastervs.com](mailto:info@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.