

## Outpatient CT Request Form

Client and Pet Information		
Client name:		
Home address:		City:
Home phone:	Cell phone:	Work Phone:
Email:		
Pet Name:	Species:	Breed:
Color:	Sex:	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:		
Patient's current weight:		
Region of Interest for CT scan: <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Abdomen <input type="checkbox"/> Thorax <input type="checkbox"/> Spine <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> 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.**