



South Paws Outpatient CT/MRI Referral Form

Referring Veterinarian: _____

Referring Veterinarian Phone #: _____ Fax #: _____

Email: _____

CT or MRI (please circle) Would you like report via: Fax Email Both

Patient Information

Owner Name: _____ Phone #: _____

Address: _____

Patient Name: _____ Species: _____ Breed: _____

Age: _____ Sex: _____ Weight: _____

Any known metal in this patient (i.e. microchip, fracture): Yes No _____

Reason for referral: _____

Tentative Diagnosis: _____

Current Medications: _____

History and Abnormal Physical Findings: (attach separate page if necessary)

*For neurological cases: Please fill out the NeuroWebVet neurology exam form.

* Please attach current laboratory findings and/or blood work *

MRI/CT Location Request

Skull/Head/Neck:

Brain
Nasal
Neck/Thyroid/Larynx
Orbit

Musculoskeletal:

Brachial Plexus
Shoulder
Extremity _____ (Describe)

Spine:

C1-T2
T3-L3 (with S2 localizer)
T9-L5 (with S2 localizer)
L4-S2
T3- S2 (Double Study)

CSF and Fluid Analysis:

Yes
No