



**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