



16756 S.E. 82nd Drive
Clackamas, Oregon 97015
503-656-3999
FAX 503-557-8672
www.northwestvetspecialists.com

When scheduling for an MRI/CT/Fluoroscopy, the patient drop off is at 7:30am. Because we are associated with an emergency hospital, imaging times are always subject to change as critical cases may take priority according to medical need.

For MRI and CT, in order to ensure that your patient is imaged in a timely manner please perform all pre-anesthetic workup prior to sending the case. *If the pre-anesthetic work up is not done, the patient may need to be rescheduled to a different day.*

Pre-anesthetic work up includes:

1. Three view thoracic radiographs for animals older than 5 years of age, or any age animal with concern for cardiopulmonary disease, within a month of the procedure.
 - a. Radiographs must be emailed or sent with the client
2. CBC and chemistry panel within a month of the procedure.
 - a. Blood work must be faxed, emailed or sent with the client
 - i. Please note: if there are health status changes between the time of blood work and the time of appointment, more current lab work may be indicated.

If there are any concerns or logistical difficulties with performing these pre-anesthetic tests, please call to speak with the radiologist supervising the case before scheduling.

Please fill out our referral form with a detailed description of the case and fax back to (503) 557-8672 or email to nwvsrecords@vca.com, along with recent patient records, lab work, radiographs, and radiograph reports, etc. at least 24 hours prior to the scheduled appointment.

Should you have any questions, please feel free to contact the imaging team: (503) 656-3999.

Thank you for your referral

Sincerely,

Imaging Department
Referral Coordinator
VCA Northwest Veterinary Specialists
P. 503-656-3999
F. 503-557-8672
E. nwvsrecords@vca.com



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Clackamas, OR 97015
(503) 656-3999
(503) 557-8672 fax

**VCA NWVS Imaging Department
CT/MRI/Fluoro Referral Form
RDVM Information**

Date: _____ Date of IMG: _____
 Referring Doctor: _____
 Referring Hospital: _____
 Hospital Phone Number: _____

How would you like to be informed of the results?

Fax: () - _____ E-mail _____ Other _____

Client Information

Client Name: _____

Client Phone: () - _____ Cell Phone: () - _____

Patient Information

Pet Name: _____ Dog Cat Breed: _____

Sex: FS MN F M Age/Birthdate: _____ Patient wt. _____ kgs lbs

Exam(s) Requested:

CT – region to examine _____
 MR – region to examine _____
 Fluoroscopy _____

Patient History, Lab Results, Clinical Findings, Recent Therapy: (Please fill out even if faxing records)

Anesthetic concerns? no yes _____

Precautions (may bite/other): _____

Recent Radiographs N Y - emailed (nwvsrecords@vca.com) sent w/ client
 Recent Bloodwork N Y - attach please
 Recent Urinalysis N Y - attach please

The following estimate has been provided to the client: \$ _____
 (Payment will be due at the time of drop-off)