



**VCA Veterinary Emergency Service & Veterinary Specialty Center
CT Referral Request Form**

Referring Veterinarian:	Phone:
Referring Hospital:	Preferred Method of Contact:
Clinic Email:	Clinic Fax:

I am referring this patient to VCA-VES/VSC for:

- CT and consult with appropriate specialist
- CT only (imaging report will be sent directly to the referring DVM, VCA will not consult or share results with owner)

I prefer to receive my final imaging report via:

- Email Fax *(we will use the email/fax information listed above)*

Client Information	Pet Information
Name:	Name:
Address:	Age:
State: Zip:	Breed/Color:
Home Phone:	Sex:
Cell Phone:	Weight:
Email (optional):	Pet Type: (circle) DOG CAT OTHER: (please list)

Please attach the following supplemental information: *(This will assist us in preparation of a complete history for CT request forms)*

- Pertinent medical records Labwork Radiographs *(either email or send plain films with client)*

Please be sure to remind your client:

- No food after 10 pm, water is ok Bring radiographs Bring medications

PLEASE CONTINUE ON REVERSE SIDE →



Anatomic Region of Interest:

Presenting Complaint/History:

Physical Exam Findings:

Pertinent Laboratory or Imaging Findings:

Preliminary/Tentative Diagnosis:

Specific Clinical Questions/Concerns:

Additional Comments:

DVM Signature: _____