



**Wheat Ridge
Veterinary Specialists**
EXPERTISE YOU CAN TRUST.

Outpatient CT Scan Request

Date: _____

Referring Doctor: _____ Hospital Phone: (____) _____

Referring Hospital: _____ Hospital Fax: (____) _____

_____ Email Address: _____

Client: _____ Species: _____

Patient: _____ Breed: _____

Age: _____ Weight: _____ Sex: M MN F FS

In an effort to provide the best care for your patients, please fill out the following information and fax it to (303)-420-8360. Please provide the most accurate information possible so that we can best insure the safety of your patient during this procedure.

Please describe body part(s) to be scanned: _____

Please describe patient's current symptoms/diagnosis and reason for CT scan: _____

Please describe diagnostic tests and results already performed for this problem (attach copies if appropriate): _____

Please describe any other past or present medical conditions in this patient: _____

Would you like to schedule a consultation for this client/patient with one of our specialists? Yes No

(If yes, we will call your client to schedule it.)

Please note: A copy of current (within the past two weeks) blood work must be available for review by our veterinarians prior to pursuing anesthesia in any patient. If current blood work is not available at the time of the appointment, it will be performed at WRAH in-house that day at an additional charge to the client.

Estimates for CT scans are available on our website at www.wheatridgeanimal.com/pdfs/Forms/estimates.pdf

Thank you for trusting us to care for your special patients. A CD with CT images and radiologist's report on the scan will be mailed to your hospital within 24 hours of patient discharge. If you have any questions or concerns prior to referral or after the procedure, please contact us at 303-424-3325.