VETERINARY SURGEONS
Urunga
Nambucca Heads
Macksville

VET
Midcoast Vets

CT Imaging Request

Practice name		Phone
Referring Vet		
Email address		

Owner Details

Owner name		Phone
Address		
Email address		

Patient Details

Patients name		Sex	Age
Species		Breed	
Summary of history to inform radiologist			
Questions to be answered			

CT Imaging Request – tick relevant box

Head		Neck C_1-T_2		Spine T_3-Sacrum		Pelvis Tail		Stifles		Vascular Contrast Study eg PSS	
Elbow		Carpus Foot		Tarsus Foot		Thorax Shoulder		Abdomen		Spinal Myelogram	

Imaging Safety Questionnaire

Does the patient have any of the following? If so, please provide details			
Heart disease/ Pacemaker	Y	N	
Renal disease	Y	N	
Known adverse reactions to medications	Y	N	
Surgery within the previous two months	Y	N	
Pregnancy	Y	N	
Endocrine disease, bleeding disorder, neoplasia	Y	N	
Epilepsy	Y	N	

Priority – tick relevant box

Standard Non Urgent Within 4 business days		Enhanced (1-2 days)		Priority (up to 24 hours)		Urgent (within 4 hours)	

NOTE: By submitting this form you confirm that you are a registered veterinary surgeon who has obtained consent from the patient's owner to act on behalf of the animal described above; that the owner has given permission for the administration of an anaesthetic to the above animal at the imaging location together with any other procedures that may prove necessary; and that the owner understands that in the unlikely event of an emergency or where additional pain relief or sedation may be required, the Macksville Veterinary Clinic will act in the best interests of the patient; that the owner has agreed that they have understood that medicines may be used which are not licensed for use in dogs and cats; and that in the event that you cannot be contacted on the above number, you understand that the Macksville Veterinary Clinic will act in the best interests of the patient.