

VCA Advanced Veterinary Care Center

Specialty & Emergency

15926 Hawthorne Blvd., Lawndale, CA 90260

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CT Referral Form

OUTPATIENT (CT ONLY) CONSULTATION W/CT

Attention to referring veterinarian: Outpatient CT scans can be run Monday through Saturday. Exams prior to anesthesia or sedation will be performed by a doctor. For Consultation referrals, appointments are preferred. **This form must be filled out in its entirety prior to the CT scan being performed.** The CT interpretation report will be faxed to your hospital.

Fax Results to (please provide): _____ Date: _____

Client:

Name _____

Address _____

City _____ State ____ Zip Code _____

Phone Number _____ Is this animal known to be aggressive? Yes No

Referring Veterinarian _____ Hospital/Clinic Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____

Patient:

Name _____ Species _____

Breed _____ Sex _____ DOB _____

CT Scan Study Type: (if more than one box is checked, then additional site charge will apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Nasal Passages | <input type="checkbox"/> Soft tissue Neck | <input type="checkbox"/> Tympanic Bulla |
| <input type="checkbox"/> Skull | <input type="checkbox"/> Mandible | <input type="checkbox"/> Maxilla | |
| <input type="checkbox"/> Spine - Cervical | <input type="checkbox"/> Spine - Thoracolumbar | <input type="checkbox"/> Spine - Lumbar | <input type="checkbox"/> Spine - Caudal |
| <input type="checkbox"/> Thorax | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Elbows |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Stifles | <input type="checkbox"/> Tarsi | |
| <input type="checkbox"/> Brachial Plexus | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Soft Tissue – mass, location: _____ | <input type="checkbox"/> Other: _____ |

Pertinent history, reason for the study, clinical signs: _____

History of seizures or other concerns? _____

Any anesthetic concerns? _____

FAX COMPLETED FORM TO: (310) 542-8098 OR E-MAIL TO: avccla@vca.com

