SOUTHERN COUNTIES VETERINARY SPECIALISTS
SUBMISSION FORM FOR CT/MRI

Form R2

PLEASE COMPLETE AND FAX TO US WITH A COPY OF RECENT HISTORY AND LAB RESULTS FOR EVERY PATIENT REFERRED SOLELY FOR CT/MRI

FAX: 01425 480849 EMAIL: ADMIN@SCVETSPECIALISTS.CO.UK

FOR FULL REFERRAL PLEASE USE FORM R1. FOR ULTRASONOGRAPHY PLEASE USE FORM R3

PRACTICE DETAILS

VETERINARY SURGEON .....

PRACTICE .....

ADDRESS .....

.....

.....

POSTCODE .....

TEL .....

FAX .....

PATIENT DETAILS

OWNER NAME .....

OWNER ADDRESS .....

POSTCODE .....

TELEPHONE .....

PET NAME .....

SPECIES ☐ CANINE BREED.....

☐ FELINE COLOUR.....

WEIGHT.....

AGE ..... SEX FE FN ME MN

IMAGING REQUIRED

☐ CT

☐ MR

THERE ARE THREE WAYS IN WHICH YOU CAN MAKE USE OF OUR IMAGING FACILITIES. PLEASE SELECT THE APPROPRIATE OPTION:

☐ **REFER THE CASE FULLY** WE WILL PERFORM A CONSULTATION AND DETERMINE THE MOST APPROPRIATE FORM OF IMAGING AND/OR OTHER DIAGNOSTICS AS REQUIRED – YOU DO NOT NEED TO COMPLETE THIS FORM – PLEASE USE THE SUBMISSION FORM FOR REFERRAL (FORM R1)

☐ **SEND THE ANIMAL FOR CT/MRI OF A SPECIFIED AREA AND RECEIVE A RADIOLOGIST'S REPORT**
A REPORT WILL BE SENT TO THE ADDRESS GIVEN ABOVE (REPORT WILL ALSO BE FAXED, TYPICALLY WITHIN 24 HOURS)

☐ **SEND THE ANIMAL FOR CT/MRI OF A SPECIFIED AREA AND RECEIVE THE IMAGES WITHOUT INTERPRETATION**
ACQUIRED IMAGES WILL BE SENT TO THE ADDRESS GIVEN ABOVE

AREA TO BE SCANNED

☐ HEAD (PLEASE SPECIFY e.g. NOSE, BRAIN ETC)

.....

☐ CERVICAL SPINE
☐ THORACIC SPINE
☐ LUMBAR SPINE
☐ SACRUM

☐ THORACIC LIMB ☐ LEFT ☐ RIGHT
(PLEASE SPECIFY JOINT)

.....

☐ PELVIC LIMB ☐ LEFT ☐ RIGHT
(PLEASE SPECIFY JOINT)

.....

☐ THORAX
☐ ABDOMEN
☐ OTHER (SPECIFY BELOW)

.....

DO YOU WISH US TO PERFORM A CSF TAP?
☐ YES
☐ NO

SUMMARY OF CLINICAL HISTORY AND COMMENTS

ARE YOU AWARE OF ANY CLINICAL CONTRAINDICATION TO SEDATION/GENERAL ANAESTHESIA?

☐ YES (PLEASE CONTACT US BY TELEPHONE TO DISCUSS)
☐ NO

THE PATIENT MUST BE CLINICALLY STABLE AND FIT TO TRAVEL.

ALL PATIENTS FOR ADVANCED IMAGING MUST HAVE A FULL HAEMATOLOGY AND BIOCHEMISTRY BLOOD SCREEN PRIOR TO SEDATION OR GENERAL ANAESTHESIA

HAS A FULL BLOOD SCREEN BEEN PERFORMED IN THE LAST 2 WEEKS?

☐ YES (PLEASE INCLUDE RESULTS WITH HISTORY)
☐ NO (A BLOOD TEST WILL BE PERFORMED, WHICH MAY DELAY IMAGING)

PLEASE NOTE WE DO NOT OFFER DIRECT INSURANCE CLAIMS FOR CASES REFERRED SOLELY FOR IMAGING- ONLY FOR FULL REFERRALS.

FOR MORE FORMS VISIT WWW.SCVETSPECIALISTS.CO.UK OR CONTACT US:
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TEL: 01425 485615 FAX: 01425 480849
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