CT-MRI Outpatient Request Form

University Veterinary Teaching Hospital, Sydney

Client Consent for Diagnostic Imaging and Anaesthetic

I, the owner/agent of this animal, being over 18 years of age, consent to this radiological imaging procedure and the adminstrationo of anaesthetic. This is in accordance with all terms and conditions of the UVTHS "Consent for Treatment form" I recognise that there is some degree of risk to any medical, imaging or anaesthetic procedure and have discussed this with the attending veterinarian.

Signature of Owner_____

Print Name_____

Witness Signature_____

Date of Exam

Patient Name

DOB SEX
Dog/Cat /Other

Pt. Ref Number

Referring Hosp.

Contact Name

Contact Number

Previous Imaging Studies at UVTH-S ☐ Yes ☐ No

MR PTs Surgical Implant or Pacemaker ☐ Yes ☐ No

PRECAUTIONS:

☐ **Aggressive Animal**
☐ **Infectious Suspect**
☐ **Known Infectious**
_____
☐ **Zoonotic**
☐ **Other:**

Computed Tomography : CT [Modality Drop-Down List]

	Middle Ear / Bulla	06 ☐	Orbit
Spine (Sp)			
01 ☐	Cervical	05 ☐	C/T/L
02 ☐	Thoracic	06 ☐	C/T/L Myelogram
03 ☐	Thoracolumbar	07 ☐	Cervical Myelogram
04 ☐	Lumbosacral	08 ☐	Thoracolumbar Myelogram
Thorax (Th)		01 ☐	Complete Thorax
Abdomen (Ab)			
01 ☐	Complete	02 Angiogram ☐Portal	03 ☐Urinary Tract
Extremities (Ex) - All extremity evaluations are bilateral			
01 ☐	Scapula	07 ☐	Pelvis
02 ☐	Shoulder	08 ☐	Femur
03 ☐	Humerus	09 ☐	Stifle
04 ☐	Elbow	10 ☐	Tibia
05 ☐	Radius-Ulna	11 ☐	Tarsus/Metatarsus
06 ☐	Carpus/Metacarpus		
12 ☐	Complete Thoracic Limb	15 ☐	Complete Pelvic Limb
13 ☐	Proximal Thoracic Limb	16 ☐	Proximal Pelvic Limb
14 ☐	Distal Thoracic Limb	17 ☐	Distal Pelvic Limb
Miscellaneous (Ms)			
01 ☐	Angiogram	02 ☐	CT Biopsy

Magnetic Resonance Imaging : MR [Modality Drop-Down List]

Skull & Neck (SN)				
01 ☐	Brain	05 ☐	Pituitary	
02 ☐	Tympanic Bulla	06 ☐	Orbit	
03 ☐	Brain&Cervical Spine	07 ☐	Brachial Plexus	
04 ☐	Cervical Soft Tissue			
Spine (Sp)				
01 ☐	Cervical	04 ☐	C/T/L	
02 ☐	Thoracic	05 ☐	Thoracolumbar	
03 ☐	Lumbar	06 ☐	Lumbosacral	
Extremities (Ex)				
01 ☐	Shoulder Joint	Left	Right	Both
02 ☐	Elbow Joint	Left	Right	Both
03 ☐	Carpal Joint	Left	Right	Both
04 ☐	Metacarpus/Manus	Left	Right	Both
05 ☐	Bilateral Hips			
07 ☐	Stifle Joint	Left	Right	Both
08 ☐	Tarsal Joint	Left	Right	Both
09 ☐	Metatarsus/Pes	Left	Right	Both
10 ☐	Thoracic Limb - Bilateral Long Bones			
11 ☐	Pelvic Limb - Bilateral Long Bones			
Miscellaneous (Ms)				
01 ☐	Other:			

History (Include clinical signs, physical findings and all pertinent laboratory data) :

Tentative Diagnosis:

Clinician' Signature

Contact Phone Number