

Torrington Orthopaedics Imaging Referral Form

Fax to 01484 404771

This form is for veterinary use only

Imaging Modality: CT MRI

Area to Image¹:

Contrast?² Yes No

Case Type: Urgent Semi Urgent Non Urgent

Referring Vet Details

Referring Surgeon Name:

Referring Practice Name:

Practice Address:

Telephone: Fax:

E Mail:

Client Details Have we seen this client before? Yes No

Client Name:

Client Address:

Telephone: E Mail:

Patient Details Have we seen this patient before? Yes No

Patient Name: Species: Canine Feline Other

Breed: Sex: M M(n) F F(n)

Date of Birth: DD/MM/YYYY Or Age: Year(s) Months Weight: Kg

Clinical Problem Details

Nature of Problem:

Tentative Diagnosis:

Current Medication(s):

Anaesthetic Risk: High Moderate Low

Other Relevant Information (e.g. Known Adverse Drug Reactions) :

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Notes:

1. We will be guided in terms of area to image by your clinical judgement. Remember that we are not diagnostic imagers and we will only (in cases referred for imaging only) perform an examination for the purposes of a pre anaesthetic check. We will not perform other diagnostic tests in patients referred for imaging only.
2. The question regarding Contrast or not will be observed if you specify a preference. We will however take the advice of the Imaging Technician from Burgess if you don't specify.
3. A CD of images will be returned to your practice. You may request the patient's owner to take this with them and deliver it by hand to your practice. Alternatively they will be posted to your practice.