



CT Referral Request Form

Referring Veterinarian:	Phone:
Referring Hospital:	Preferred Method of Contact:
Clinic Email:	Clinic Fax:

I am referring this patient to AMCS for (Please check the correct box below):

CT only (imaging report will be sent directly to the referring DVM, AMCS will not consult or share results with the owner)

I prefer to receive my final imaging report via (the report will be sent within 24-48 hours):

Email Fax (we will use the email/fax information listed above)

Client Information	Pet Information
Name:	Name:
Address:	Age:
State: Zip:	Breed/Color:
Home phone:	Sex
Cell phone:	Weight:
Email:	Species*:

*Please note we only see cats and dogs.

Please attach the following supplemental information (This will assist us in preparation of a complete history for CT request forms):

Pertinent medical records Lab work Radiographs (email or send with client)

Please be sure to remind your client:

No food after 10pm, water is ok Bring radiographs Bring Medications

Please continue on reverse side >



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Anatomic Region of Interest:

Presenting Complaint/History:

Physical Exam Findings:

Pertinent Laboratory or Imaging Findings:

Preliminary/Tentative Diagnosis:

Specific Clinical Questions/Concerns:

Additional Comments:

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