



PHASES

Veterinary Emergency Hospital

Routine CT Scan Referral Form

This form must be completed by the referring veterinarian and submitted via email to info@phasesvetemerg.com. Our team will review the referral and contact you to let you know whether it has been accepted. We will then contact your client directly to schedule their scan. Following their scan, the report will be sent back to your clinic for you to share with your clients. The form must be filled out IN FULL, to avoid any delays in the referral process. Thank you.

NOTE: If you are transferring this patient to us on an emergent basis in hopes of the patient having a CT scan, you must follow our transfer referral process. Please have a doctor or RVT call our clinic to speak with our team to discuss the case and make a plan, and then fill in the emergency referral form along with this form.

Referral Date: _____

Referring Veterinary Information:

Referring Clinic:	
Referring Veterinarian:	
Telephone Number:	
Email Address:	

Client and Patient Information:

Owner Name:	
Contact Number:	
Contact Email:	
Patient Name:	

Species:	Breed:
Age:	Sex (circle one): M MN F FS
Patient Behaviour in Veterinary Environment:	

Medical Information:

Summary of Completed Diagnostics:	
Tentative Patient Diagnosis:	
Reason for CT Scan (What are you looking for or trying to answer?):	
Specific Areas of Interest that you are wanting scanned (Please be very specific!):	
Current Medications (If applicable, please include dosage and timing of dosages):	

Any history of complications during or after sedation or anesthesia:	
Any previous or other underlying medical issues that you feel our team should be aware of:	
Any other pertinent information you wish to share with our team?	

Please discuss the following points with your client PRIOR to referral, and ensure you can answer yes to each:

- 1) My client is aware that deep sedation or full general anesthesia will be required depending on the type of scan being completed and whether contrast is being administered.
- 2) My client is aware of the risks of sedation or anesthesia in their pet.
- 3) My client is aware of the risks of IV contrast administration in their pet.
- 4) My client is aware they cannot be present for the scan, and that their pet will be dropped off at our hospital to be picked up once they have recovered from their sedation or anesthetic.
- 5) My client is aware that PVEH will NOT be going over results (unless emergent life threatening findings discovered and your facility is closed when the report returns), and that the radiologist report will be sent back to your clinic for you to review with them, and that this process can take a minimum of 24-36 hours.
- 6) My client is aware of the costs of a CT scan.
 - a. You can contact our team to be sent our UTD pricing list for scans and radiologist reports.

SIGNATURE OF REFERRING DVM: _____

Thank you for your referral to Phases Veterinary Emergency Hospital. We value and appreciate your partnership. Please contact our team if you have any questions or concerns.