



Diagnostic Imaging Procedure Request Form

Patients are admitted for their procedure at 8AM unless advised otherwise. Patients should be fasted for more than 8 hours before procedures requiring anesthesia. This completed form as well as a copy of recent laboratory evaluations should accompany the patient for the procedure.

RDVM Information	Patient Information
Name: _____	Patient Name: _____
Practice: _____	Client Name: _____
Address: _____	Species: _____
Phone/Fax: _____ / _____	Sex: male/female Neutered: yes / no
Email: _____	Breed: _____
<i>formatted to facilitate the use of pre-printed labels</i>	Age: _____ Weight: _____
<i>formatted to facilitate the use of pre-printed labels</i>	<i>formatted to facilitate the use of pre-printed labels</i>

Computed Tomography

<input type="checkbox"/> survey	<input type="checkbox"/> adrenal/renal	<input type="checkbox"/> brain	<input type="checkbox"/> nasal	<input type="checkbox"/> C1-5	<input type="checkbox"/> C6 - T2
<input type="checkbox"/> liver	<input type="checkbox"/> bladder-prost-ureth	<input type="checkbox"/> orbit	<input type="checkbox"/> R O L	<input type="checkbox"/> T3 - L3	<input type="checkbox"/> L4 - S2
Cervical - soft tissue		Musculoskeletal		Thorax	
<input type="checkbox"/> pharynx/larynx	<input type="checkbox"/> thyroid	Describe: _____		<input type="checkbox"/> lungs	<input type="checkbox"/> brachial plexus
				<input type="checkbox"/> body wall	<input type="checkbox"/> mediastinum

Magnetic Resonance Imaging

<input type="checkbox"/> survey	<input type="checkbox"/> adrenal/renal	<input type="checkbox"/> brain	<input type="checkbox"/> nasal	<input type="checkbox"/> C1-5	<input type="checkbox"/> C6 - T2
<input type="checkbox"/> liver	<input type="checkbox"/> bladder-prost-ureth	<input type="checkbox"/> orbit	<input type="checkbox"/> R O L	<input type="checkbox"/> T3 - L3	<input type="checkbox"/> L4 - S2
Cervical - soft tissue		Musculoskeletal		Thorax	
<input type="checkbox"/> pharynx/larynx	<input type="checkbox"/> thyroid	Describe: _____		<input type="checkbox"/> lungs	<input type="checkbox"/> brachial plexus
				<input type="checkbox"/> body wall	<input type="checkbox"/> mediastinum

Nuclear Medicine

<input type="checkbox"/> Bone	<input type="checkbox"/> Cardiac (shunt evaluation)	<input type="checkbox"/> Renal - Glomerular Filtration Rate
<input type="checkbox"/> metastasis screening	<input type="checkbox"/> Mucociliary Clearance	<input type="checkbox"/> Thyroid
<input type="checkbox"/> thoracic limb lameness	<input type="checkbox"/> Lymphoscintigraphy	<input type="checkbox"/> I-131 therapy (if indicated)
<input type="checkbox"/> pelvic limb lameness	<input type="checkbox"/> Portal (liver shunt evaluation)	<input type="checkbox"/> Ventilation/Perfusion - Lung scan

The short lived radionuclides we use for these studies expire within approximately 4 hours of preparation. To avoid an overnight hospitalization, we order the radionuclide to arrive on the morning of the procedure. Confirmation of payment in the form of a credit card number is required when scheduling these appointments. A charge for the cost of the radionuclide will be made to the credit card for failure to keep a scheduled appointment for a nuclear medicine procedure.

Ultrasound

<input type="checkbox"/> Abdominal	<input type="checkbox"/> Cervical	<input type="checkbox"/> Thoracic
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Additional Requests

CSF Tap biopsy (list tissue _____) other (describe) _____

History / Clinical Signs / Laboratory / Previous Diagnostic Tests / Special Requests
