



# Imaging Referral Form

DATE:	
<b>REFERRING PRACTICE DETAILS</b>	<b>CLIENT DETAILS</b>
	FIRST NAME:
	SURNAME:
	ADDRESS
REFERRING VET NAME:	
TELEPHONE:	TELEPHONE:
FAX:	EMAIL:
EMAIL:	

**SERVICE REQUIRED** (Please select one)

<b>IMAGING ONLY:</b> With this option patients are scanned and images sent to the referring practice for interpretation ( For full Terms and Conditions of imaging service see our website <a href="http://www.abingtonparkvetreferrals.co.uk">www.abingtonparkvetreferrals.co.uk</a> )	<input type="checkbox"/>
<b>IMAGING WITH REPORT:</b> With this option patients are scanned and images and a full imaging report sent to the referring practice. Our clinicians will not see the client or discuss imaging results with the client.	<input type="checkbox"/>

**PATIENT DETAILS**

NAME:	IMAGING REQUIRED (Please select one)
SPECIES/BREED:	MRI <input type="checkbox"/> Ultrasound <input type="checkbox"/>
AGE/DOB:	CT <input type="checkbox"/>

**CURRENT TREATMENT:** Please send full history details and blood test results\*by fax/email/post/with client  
*(\*please see terms and conditions page 2)*

REASON FOR IMAGING AND QUESTIONS YOU WOULD LIKE THIS IMAGING TO ANSWER:



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ARE YOU AWARE OF ANY SPECIFIC CONTRA-INDICATIONS FOR GA/SEDATION IN THIS PATIENT?  
IF YES PLEASE SPECIFY.

**AREA TO BE IMAGED** (Please select area/areas required)

<input type="checkbox"/> HEAD:
<input type="checkbox"/> NOSE:
<input type="checkbox"/> BRAIN:
<input type="checkbox"/> THORAX:
<input type="checkbox"/> ABDOMEN:
<input type="checkbox"/> CARDIAC:
<input type="checkbox"/> THORACIC LIMB: (specify joint/joints) <input type="checkbox"/> Left <input type="checkbox"/> Right

<input type="checkbox"/> SPINE: (please specify which vertebrae are to be imaged eg T3-S3, C1-T3, if you are unsure please contact us as multiple area charges may apply)
<input type="checkbox"/> CERVICAL:
<input type="checkbox"/> THORAX:
<input type="checkbox"/> LUMBOSACRAL:
<input type="checkbox"/> OTHER: (please specify)
<input type="checkbox"/> PELVIC LIMB: (specify joint/joints) <input type="checkbox"/> Left <input type="checkbox"/> Right

**PLEASE NOTE:**

- As metallic objects and microchips can cause artifacts in both MRI and CT scans it is helpful to know in advance if any may be present in the patient.
- A pacemaker if present, can be irretrievably damaged during MRI scans therefore if a patient has one in place, another form of scan must be selected.

**Does the patient have any of the following:**

<input type="checkbox"/> Pacemaker or other electronic /mechanical /magnetic implant.
<input type="checkbox"/> Any known metal fragments in the eyes or any other part of the body.
<input type="checkbox"/> Surgical implants / plates / clips?
<input type="checkbox"/> Is the patient microchipped?
<input type="checkbox"/> Is the patient a rescue case?
<input type="checkbox"/> Could the patient be pregnant?

**TERMS & CONDITIONS OF IMAGING ONLY SERVICE**

- CT and MRI cases can be sent to us for imaging only without being fully referred to us.
  - Upon imaging the case, you have the option to interpret the images yourself/ via a third party, or we will provide a full report.
  - The client will have an admission and discharge appointment with a VN and will not see our clinicians for consultation, hence a referral consult fee will not apply.
  - Contrast media used in advanced imaging are used with caution in patients with impaired renal or liver function, therefore all patients sent for imaging must have had a pre-operative blood screening test within the last 2 weeks, if this has not been done, or no results have been provided by the referring vet, a Pre-Ga blood test will be performed on the day of imaging at an additional cost to the owner.
  - Clients are required to pay in full for imaging on the day of the procedure, no direct claims will be accepted therefore please make sure clients are aware of the costs before making the appointment.
  - We accept most debit and credit cards and cash as forms of payment.
  - We will not discuss imaging results with the owners, give any treatments or treatment recommendations.\*
- (\*except in emergency situations where the patient's welfare is at risk, in such cases we will always try to contact you first to keep you informed.)