



IMAGING REQUEST FORM

For patients undergoing anesthesia:

- Please provide CBC & Chem screen of less than 30 days.
- Patients should be receiving IV fluids (at maintenance rate) for 2–3 hours prior to procedure, unless contraindicated.
- We recommend administering an antacid (i.e., Famotidine) parenterally at the time of catheter placement to minimize the chances of anesthesia related esophagitis.

For patients undergoing a procedure without anesthesia (i.e., swallow study or tracheal fluoroscopy):

- No preparation is needed. For swallow studies, patients should be fasted 18–24 hours unless medically contraindicated.
- Call us if patient is hyperactive and may need a mild sedative.

VETERINARIAN INFO

Veterinarian's Name		Hospital / Clinic Name	
Email (for receiving reports)		Tel.	

PATIENT INFO

Owner's Name & Last Name			
Patient's Name		Sex	<input type="radio"/> F <input type="radio"/> FS <input type="radio"/> M <input type="radio"/> MN
Species / Breed		Weight	Age

TYPE OF IMAGING REQUESTED

<input type="radio"/> Skull CT	<input type="radio"/> Thoracic CT	<input type="radio"/> Abdominal CT	<input type="radio"/> Pelvic CT	<input type="radio"/> Appendicular Skeleton CT	limb or joint: _____
<input type="radio"/> Cervical Spine CT	<input type="radio"/> Thoracic Spine CT	<input type="radio"/> Lumbar Spine CT	<input type="radio"/> Lumbosacral Spine CT	<input type="radio"/> Fluoroscopy area:	_____

REASON FOR IMAGING

PATIENT HISTORY This helps us when designing anesthetic procedures and interpreting the images

Medical Records/Bloodwork	<input type="radio"/> Email <input type="radio"/> Faxed <input type="radio"/> Attached	Previous Imaging (Xrays, CT, MRI, Flouroscopy)	<input type="radio"/> Email <input type="radio"/> Attached <input type="radio"/> N/A
List any abnormal findings on physical exam, including cardiovascular, respiratory, neurologic, genitourinary, musculoskeletal, alimentary, etc.			

CURRENT MEDICATIONS Including any medications the patient receives on a regular basis

ALLERGIES AND/OR DRUG REACTIONS In particular to iodine or anesthetic drugs

Anesthesia consent form signed by pet owner
<input type="radio"/> Yes <input type="radio"/> No If No, please get consent form signed on date of procedure
<input type="radio"/> On-site anesthesiologist requested
Additional fees apply. Call for rates.

Our mobile unit comes to your office! **Tel. 305.733.0673**

PLEASE SEND THIS FORM AND ANY OTHER APPROPRIATE DOCUMENTS VIA:

FAX 305.397.2734 or scan and send to referrals@mobilepetimaging.com or take a clear picture and text it to 305.733.0673