Imaging Request Form



111	ıagıı	ig r	164	uest	ГΟ	

ype of Imaging Reque	steu										
Skull CT O Thoracic CT	○ Abdomina	I CT	⊃ Pelvic (CT O	Appendicul	ar Skele	eton CT lim	b or joint	:		
Cervical Spine CT O Thoracic	Spine CT C	Lumbar S	pine CT	O Lumbo	sacral Spin	e CT	○ Fluoroso	copy area	:		
or patients undergoing anesthesia Please provide CBC & Chem screen of Patients should be receiving IV fluids procedure, unless contraindicated. We recommend administering an anticatheter placement to minimize the o	of less than 30 of less than 3	ce rate) for t tidine) pare	nterally at	the time of	(i.e., swaNo prep fasted 1	Ilow stu aration i 8-24 ho	ergoing a pa udy or trach s needed. Fo burs unless r is hyperacti	eal fluor or swallov medically	oscopy): / studies, contraind	patients s icated.	should be
eason for Imaging / P	atient Hx	<<< l	MPOR [*]	TANT! т	his helps u	s in des	igning anes	sthetic pi	ocedure	s & interp	reting ima
ist any abnormal findings on physi nclude any previous imaging (Xray:	ical exam, incli s, CT, MRI, Flou	uding cardi Iroscopy)	ovascular	r, respirator	/, neurologi	c, genito	ourinary, mu	isculoske	letal, alin	nentary, e	tc.
llergies and/or Drug I	nteractio	ns In pa	articula	r to iodin	e or anes	thetic	drugs siologist re	quested			
Ilergies and/or Drug I	nteractio	ns In pa	articula	r to iodin	e or anes	thetic	drugs	quested			
llergies and/or Drug I	nteractio	ns In pa	articula	r to iodin	e or anes	thetic	drugs siologist re	quested			
Ilergies and/or Drug I nesthesia consent form signed by Yes O No If No, please get consented in the consent form signed by	nteractio	ns In pa	articula	r to iodin	e or anes	ethetic nestheral fees a	drugs siologist reapply. Call fo	quested			
Ilergies and/or Drug I	nteractio	ns In pa	articula	r to iodin	e or anes On-site a	ethetic nestheral fees a	drugs siologist reapply. Call fo	quested			
Ilergies and/or Drug I	nteractio	ns In pa	articula	r to iodin	e or anes On-site a Addition	ethetic nestheral fees a	drugs siologist reapply. Call fo	quested			
Ilergies and/or Drug I	nteractio	ns In pa	articula	r to iodin	e or anes On-site a Addition	ethetic nestheral fees a	drugs siologist reapply. Call fo	quested			
urrent Medications In Illergies and/or Drug II Anesthesia consent form signed by O Yes O No If No, please get of Veterinarian Info Veterinarian's Name Email (for receiving reports) Vatient / Owner Info Owner's Name & Last Name Patient's Name	nteractio	ns In pa	articula	r to iodin	e or anes On-site a Addition	ethetic nestheral fees a	drugs siologist reapply. Call fo	quested	○ FS	○ M	O MN