



17477 N. 82nd Street, Scottsdale, AZ 85255
480-502-4400 – www.animalmedicalandsurgical.com

CT REFERRAL REQUEST

Date	Referring Doctor	Referring Hospital			
Hospital Address			Hospital Phone		
Client	Client Address		Client Phone		
Patient Name	Species	DOB	Gender	Breed	Weight
Tentative Diagnosis					
History					
Clinical Symptoms					

CT IMAGES REQUESTED

Brain <input type="checkbox"/> Sinuses <input type="checkbox"/>	Hip: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Stifle: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/>
Cervical Spine: <input type="checkbox"/> Specify Segment	Shoulder: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Elbow: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/>
Thoracolumbar Spine: <input type="checkbox"/> Specify Segment	Carpus: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/>
Abdomen <input type="checkbox"/> Thorax <input type="checkbox"/>	Other: <input type="checkbox"/>

REFERRAL AGREEMENT

It is the policy of Animal Medical and Surgical Center *that we will treat your pet only for the specific procedure for which you were referred and cannot provide any veterinary care other than that requested by your pet's regular doctor.*

It would be considered *a breach of the ethics of our profession to assume* any pet's veterinary care that would normally be provided by the veterinarian that has referred you to us.

I understand that my pet is being referred to Animal Medical and Surgical Center *for CT Imaging only.*

I have read and agree to the above referral policy of Animal Medical and Surgical Center.

_____	_____
Client Signature	Date

Note: A map to our hospital is located on the next page.



Animal Medical & Surgical Center

*Committed to Excellence
in Medical and Surgical Care*



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