

Animal Specialty & Emergency Hospital

5775 Schenck Avenue • Rockledge, FL 32955 • Phone (321)752-7600 • Fax (321)752-4882

Outpatient Imaging Request

Please fill out the following information and fax to us. This information will help us to better serve you and your clients.

Referring Veterinarian:

Dr. _____

Client Information:

Name: _____ Phone: _____

Patient Information:

Name: _____ Breed: _____ Weight: _____

Specific Test Being Requested:

(circle one) Ultrasound/CT Region of Interest: _____ **STAT?** Yes No

Significant Medical History: (Please include any information pertinent to this imaging request, including onset of current problem, treatment, response, etc.)

Diagnostic Tests Performed: (Please fax a copy of all test results with this form)

All patients are sedated for imaging procedures. For ultrasounds, they will receive Dexdomitor and will be reversed with Antisedan. All CT Scans will receive Dexdomitor and Butorphanol and will be reversed with Antisedan. These drugs are used so we can reverse the patient as soon as their procedure is complete and can be sent home without prolonged effects from their sedative. If you do not feel that your patient is a good candidate for these sedatives, please indicate so here, and tell us which sedatives you would prefer as an alternative. Please keep in mind that if we use an alternative sedative and the patient is not sedated enough for the procedure, we may not achieve optimal imaging quality.

Requested drugs and dosages:

All CT Scans are performed pre and post IV contrast (Omnipaque), per the request of the Radiologists. If you do not feel your patient is a good candidate for the contrast, please indicate so here:

I am comfortable with my patient receiving Omnipaque as an IV contrast for their CT Scan. (circle one) Yes No

Veterinarian Signature:
