MOBILE CT
IMAGING REQUEST FORM

Burgess Diagnostics
Mobile Veterinary MRI & CT Imaging

Practice Name:		**Date of Scan:**	
Referring Vet:		**Vet Signature:**	

Animal First Name:			**Animal Surname:**		
D.O.B:	DD/MM/YY	**Sex:**	(Please circle) **FN FE MN ME**	**Weight:**	
Breed:			**Hospital ID:**		

Clinical History:
To ensure optimal patient imaging, state all relevant clinical history including presenting signs & provisional diagnosis

I confirm that the patient is compliant with the statements below:
If not, *please detail in the box above*

- ☐ Has no known renal problems
- ☐ Is not pregnant
- ☐ Has no known adverse reaction to contrast agent
- ☐ Is not wearing a diabetic monitor

SELECT THE CT AREAS TO BE SCANNED BELOW:

*Add "**+C**" next to any area that requires post-contrast images*

ST = Soft tissue

Head	**Spine**	**Joints*** (thin slices)	**Long bones*** (thick slices, **not** joints)	**Body**
☐ **CT ST Head**	☐ **CT Cervical Spine**	☐ **CT Shoulders**	☐ **CT Fore Limb**	☐ **CT ST Neck**
☐ **CT Nose → C2** (includes nose, brain & bullae)	☐ **CT Thoracic Spine**	☐ **CT Elbows**	☐ **CT Hind Limb**	☐ **CT Brachial Plexus**
	☐ **CT Lumbar Spine**	☐ **CT Carpi**		☐ **CT Chest**
		☐ **CT Pelvis/Hips**		☐ **CT Abdomen**
		☐ **CT Stifles**		☐ **CT Liver Shunt**
		☐ **CT Hocks**		

CT other body area:	

Only select CT long bone scans if **joint images are not required. If they are, select the relevant joint/s instead*