



Outpatient CT form

PRACTICE NAME/REFERRING VET:

PRACTICE ADDRESS:

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PRACTICE/VET EMAIL ADDRESS:

PRACTICE/VET CONTACT DETAILS:

PATIENT DETAILS:

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HISTORY LEADING TO REFERRAL:

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SEDATION/ANAESTHESIA COMMENTS? HEALTH PROBLEMS?

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INSURANCE COMPANY/POLICY NUMBER:

INVESTIGATION AREA REQUIRED (SINGLE/MULTIPLE AREAS?)

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VETCT REPORT REQUESTED: Y / N

REPORT PRIORITY: 2-3 DAYS / URGENT (24HRS)

QUESTIONS FOR RADIOLOGIST TO ANSWER (THIS MUST BE FILLED IN)

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Please email to referrals@willowsvets.co.uk along with a copy of any relevant clinical notes

www.willowveterinaryclinic.com

referrals@willowsvets.co.uk

Tel: 01782 503166

Company Reg number: 06523302