



**Central Victoria
Veterinary Hospital**

24 Hour Emergency & Specialty Referral Centre

www.centralvictoriavet.com
760 Roderick Street, Victoria B.C., V8X 2R3
Ph: (250) 475-2495 • Fax: (250) 475-1909
Email: specialists@cvvh.ca

COMPUTED TOMOGRAPHY (CT)

**Tawni Silver, BSA, DVM, MVSc
Diplomate ACVR (Radiology)**

Date: _____

REFERRING VETERINARIAN INFORMATION

Referring Clinic: _____ Referring Clinic Phone #: _____
Referring Veterinarian: _____ Referring Clinic Fax #: _____
After Hours Contact #: _____ Referring Clinic Email: _____
If possible, please have a veterinarian familiar with the case available for discussion on date of the exam

CLIENT NAME(S): _____

Address: _____ City: _____ Postal Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

PATIENT NAME: _____ Temperament: _____

Species: _____ Breed: _____
Sex: M NM F SF Birthdate (Month/Day/Year): _____

REQUESTED PROCEDURE(S)

CT Scan of: Elbow/Shoulders/Fractures Cervical Spine-T2 T3-L3 Spine Lumbar Spine-sacrum Pelvis
 Head/Nasal/Brain Abdomen Thorax Soft Tissue Urogenital Portosystemic Shunt
 Other/Unsure please specify: _____

Are there any contraindications to profound sedation /anesthesia? Yes No

If yes, please explain: _____

Has profound sedation/anesthesia been discussed with owner? Yes No _____

History/Physical Exam Findings:

Current Medications:

REQUEST

NEXT AVAILABLE APPOINTMENT
 URGENT (1-2 DAYS)
 MEDICALLY EMERGENT
Available Monday through Thursday

IMAGING (RADS/US):

Coming with owner
 Sent via email
 Faxed
 Not done
 At CVVH

LABORATORY DATA:

Coming with owner
 Sent via email
 Faxed
 Not done
 At CVVH

**Please attach any pertinent
medical records for purposes
of examination and/or
anesthesia/sedation risk**

THANK YOU FOR YOUR REFERRAL

Services Available: Emergency & 24 hour Care, Dermatology, Endoscopy, Internal Medicine, Medical Imaging, Oncology & Surgery
Reports will be sent back to your clinic via email within 24 hours of exam