



CT REFERRAL FORM

Date: \_\_\_\_\_
Owner First Name: \_\_\_\_\_ Owner Last Name: \_\_\_\_\_
Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_
Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
Referring Veterinarian/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_
Email to send report to: \_\_\_\_\_ DVM to receive case: \_\_\_\_\_

Patient Information:

Registered Name: \_\_\_\_\_ Barn Name: \_\_\_\_\_
Gender: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_
Insured: [ ] Yes [ ] No Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_ Company Notified: [ ] Yes [ ] No
Affected Limb(s) & Areas to Image: \_\_\_\_\_
Additional Exams/Areas Needed: \_\_\_\_\_
Degree of Lameness & Diagnostic Anesthesia: \_\_\_\_\_

Relevant History (lameness/diagnostics/etc.): \_\_\_\_\_

Previous Radiographs: [ ] Yes [ ] No Findings: \_\_\_\_\_
Previous Ultrasound: [ ] Yes [ ] No Findings: \_\_\_\_\_
Previous CT or MRI: [ ] Yes [ ] No Findings: \_\_\_\_\_

- [ ] CT Scan – General Anesthesia (\*Limbs/Contrast Studies/Heads/Necks)
[ ] CT Scan – General Anesthesia (Heads/\*Limbs)
\*Limb scans are offered on trained horses only

Patients undergoing general anesthesia (approx. 1.5-2 hours) should have a physical exam and bloodwork consisting of: CBC, PCV/TS and Chemistry Panel. If available, please send lab results with this referral form; labs can be completed here at BVEH if none are provided. All shoes will need to be pulled for limb scans as well. Shoes may be removed at BVEH if not already done prior to arrival.

It is strongly recommended to drop off by 5PM the day prior to appointment. If this is not feasible, please arrive no later than 8AM the day of. Due to the uncertainty of imaging time, it is likely that the patient may need to stay overnight. A call to the Primary Contact will be made when the patient is ready to be discharged.

Please send all forms and relevant history to: bveh.navasota@bveh.com