



# Diagnostic Imaging Procedure Request Form

Patients are admitted for their procedure at 8AM unless advised otherwise. Patients should be fasted for more than 8 hours before procedures requiring anesthesia. This completed form as well as a copy of recent laboratory evaluations should accompany the patient for the procedure.

RDVM Information	Patient Information
<b>Name:</b> _____	<b>Patient Name:</b> _____
<b>Practice:</b> _____	<b>Client Name:</b> _____
<b>Address:</b> _____	<b>Species:</b> _____
<b>Phone/Fax:</b> _____ / _____	<b>Sex:</b> _____ <b>Neutered:</b> _____
<b>Email:</b> _____	<b>Breed:</b> _____ <b>Age:</b> _____ <b>Weight:</b> _____
<i>formatted to facilitate the use of pre-printed labels</i>	<i>formatted to facilitate the use of pre-printed labels</i>

Computed Tomography			
<b>Abdomen</b> survey liver adrenal/renal bladder-prost-ureth	<b>Cranium</b> brain orbit R L nasal bulla	<b>Spine</b> (neuroanatomic localization) C1-5 T3 - L3 C6 - T2 L4 - S2	<b>Thorax</b> lungs body wall brachial plexus mediastinum
<b>Cervical - soft tissue</b> pharynx/larynx thyroid	<b>Musculoskeletal</b> Describe: _____		

Magnetic Resonance Imaging			
<b>Abdomen</b> survey liver adrenal/renal bladder-prost-ureth	<b>Cranium</b> brain orbit R L nasal bulla	<b>Spine</b> (neuroanatomic localization) C1-5 T3 - L3 C6 - T2 L4 - S2	<b>Thorax</b> lungs body wall brachial plexus mediastinum
<b>Cervical - soft tissue</b> pharynx/larynx thyroid	<b>Musculoskeletal</b> Describe: _____		

Nuclear Medicine		
<b>Bone</b> metastasis screening thoracic limb lameness pelvic limb lameness	<b>Cardiac (shunt evaluation)</b> <b>Mucociliary Clearance</b> <b>Lymphoscintigraphy</b> <b>Portal</b> (liver shunt evaluation)	<b>Renal - Glomerular Filtration Rate</b> <b>Thyroid</b> I-131 therapy (if indicated) <b>Ventilation/Perfusion - Lung scan</b>
<p>The short lived radionuclides we use for these studies expire within approximately 4 hours of preparation. To avoid an overnight hospitalization, we order the radionuclide to arrive on the morning of the procedure. Confirmation of payment in the form of a credit card number is required when scheduling these appointments. A charge for the cost of the radionuclide will be made to the credit card for failure to keep a scheduled appointment for a nuclear medicine procedure.</p>		

Ultrasound		
<b>Abdominal</b>	<b>Cervical</b>	<b>Thoracic</b>

Additional Requests		
CSF Tap	biopsy (list tissue _____ )	other (describe) _____

History / Clinical Signs / Laboratory / Previous Diagnostic Tests / Special Requests