



CT MRI *Please tick*

Practice Details

Practice Name:		Tel:	
Address:			
Referring Vet:		Vet Signature:	
Vet E-mail:			

Animal Details

Owners Name:		Tel:								
Address:										
Animal's Name:		Age:		Sex:		Breed:		Weight:		Kg

In order for us to provide the optimum examination please give a brief clinical history including presenting signs, provisional diagnosis and ongoing medication. (Please attach a copy of all relevant history).

Anaesthetic Risk: Low Medium High *Please enter reason for risk in box above and discuss with owner*

I confirm that the patient is compliant with the statements below. If not, please detail above.

Please tick the box

- Has no known heart or renal problems
- Does not have any metal fragments in eyes or any other part of the body
- Has not had any operations involving the insertion of metal implants, plates or clips
- Does not have any type of electronic, mechanical or magnetic implant (excluding microchip)
- Has not had any surgery in the previous two months
- Is not pregnant
- Has no known adverse reaction to iodinated x-ray contrast agent

Areas to be Scanned

Head: Brain Nasal Bullae ST Head ST Neck

Spine: Cervical Thoracic Lumbar Sacrum

Orthopaedic: Stifle Elbows Tarsi Limb Shoulders Hips/Pelvis Carpi/Paws

General: Chest Angio Abdo Brachial Plexus

Other: *Please specify*

Roundhouse Referrals

The Roundhouse Veterinary Hospital, 43-47 Cogan Road, Auldhouse Retail Park, Pollokshaws, Glasgow G43 1BJ