CONE BEAM CT SCAN REQUEST

Dean Park Pet Hospital

Dr Sue McTaggart, Dr Nicky Parkinson, Dr Christina Klimaschka, Dr Bryan Elder

Referring Hospital:		Veterinarian:		Date (mm/dd/yyyy):	
Phone:	Fax:	Fax:		Email:	
CLIENT INFORMATION					
Last Name:		Fir	st Name:		
Street Address:			City:		Postal Code:
Home Phone:	Cell:			Email:	
PATIENT INFORMATION	1				
Name:		DOB (mm	/dd/yy):		Sex: M / MN / F / FS
Species:	Breed:			Colour:	
Weight (kg):	Temperament	t: Good / Ne	ervous / Ma	y Bite / Muzzle	
STATUS					
Emergency		Urş	gent 🗌		Next Available 🗆
PATIENT HISTORY					
• Has bloodwork been done within the la		st 6 months?:	□ Yes	\Box No	□ Sent
• Have chest radiograph	:	\Box Yes	\Box No	□ Sent	
• Has ultrasound/echo been performed?:			\Box Yes	\Box No	□ Sent
• Has the patient been of	-	•	-		
				ase 🗆 Diabetes 🛛	Respiratory Disease
• Has the patient shown	•	-	-		adiographs and relevant lab work
\Box Coughing \Box Snee				to <u>reception@dec</u>	<u>unparkpet.com</u>
		hetize? : YES	SNO		
• Is the patient suitable					
• Is the patient suitable REASON FOR REFERRAL Current concern(s):					

Please Note: We require you to perform CBC, CHEM and UA, prior to referrals, including T4 in dogs and cats, 7 yrs. & older. Once we receive your fax/email, we will contact the client to arrange their appointment. We will email the final report, from Radterra Radiologists, to the referring hospital which can then be reported to the owner.

Heavy sedation or general anesthesia is required for the scan. Please call or email for an estimate

Cone Beam CT is a recent technology used to aid diagnosis of ear, eye, TMJ, nasal disorders, skull and facial fractures and some neoplasia.

Fax completed referral form to 250-656-4220 or email to reception@deanparkpet.com Dean Park Pet Hospital, 1700 McTavish Rd. North Saanich www.deanparkpet.com phone 250-656-9911