

State Avenue Vet Clinic

1920 21st St W Dickinson ND 58601

Phone: 701-483-3181

Fax: 701-483-0740

stateavevet@gmail.com



Date: _____

Primary Clinic/Hospital: _____

Preferred contact

Primary Veterinarian: _____

Phone: _____ Fax: _____

Email: _____

Reason for imaging request:

CT Service Request: *please note multiple regions will affect cost.*

- Skull
- Spine:
 - Cervical
 - Thoracic
 - Lumbar
 - Full spine (2 region)
- Soft Tissue:
 - Chest Wall
 - Chest Soft Tissue
 - Lungs (Met Check)
 - Abdomen
- Other:
- Limb and Joint: Left
 - Shoulder
 - Elbow
 - Pelvis
 - Hip
 - Stifle
 - Other:
- Limb and Joint: Right
 - Shoulder
 - Elbow
 - Pelvis
 - Hip
 - Stifle
 - Other:

Iodinated Contrast Material: *please note additional costs and hospitalization may occur.*

Client Name: _____ Phone: _____

Patient Name: _____

Species: _____ Breed: _____ Gender: _____

Weight: _____ lbs. _____ kg

Allergies/PRECAUTIONS: _____

Significant History (include concurrent conditions, anesthetic concerns, previous surgeries, cardiac or respiratory disease concerns):

Diagnostics Performed:

Pertinent Results:

Tentative Diagnosis: _____

Current Medications/Therapies:

Questions you want answered from consult:

HAVE YOU PROVIDED AN ESTIMATE TO THE CLIENT?

Comments:

Please forward all medical records, including lab results and radiographs, in addition to this form to **stateavevet@gmail.com**

As State Avenue Veterinary Clinic assumes the liability and responsibility of performing anesthesia and the CT examination we ultimately reserve the right to refuse to perform the computed tomography examination if the pet is deemed unsuitable as a candidate for general anesthesia and/or the examination.