Best Friends Animal Hospital and Urgent Care Center

1530 Popelka Drive, Billings, MT 59105 Phone (406) 255-0500 Fax (406) 255-0510 e-mail BestFriendsAH@yourvetdoc.com

CASE REFERRAL REQUEST

Instructions:

Complete and e-mail this completed form to BestFriendsAH@yourvetdoc.com or if e-mail is unavailable please fax to 406-255-0510. If this is an urgent/stat CT please fill out this form and call 406-255-0500 option #1 to schedule. Reports will be faxed or emailed to the referring DVM.

Best Friends Animal Hospital will not provide the owner with CT results unless otherwise specified by referring DVM.

Referring Hospital: Report Preference:		T						
Report Preference:	Referring Doctor:				Date:			
Client Name: Client Full Address: City Patient Name: Species: DOB/Age: Breed: Sex: Weight: Tentative diagnosis/differentials: Current Medications: Diagnostics Performed: History/Clinical Symptoms: Are you referring this patient for a CT Scan? Yes No (If Yes, Please fill out CT Images Requested) Who are we to contact to schedule CT: Owner Veterinarian/Clir CT IMAGES REQUESTED: Head & Neck Entire skull Brain Sinuses Other Spine C1-T2 T3-L3 L4-Sacrum Other Soft Tissue Thorax Abdomen Other Limbs & Joints: LEFT Front Limb Hind Limb RIGHT Front Limb Hind Limb Because we sedate patients and administer IV contrast (iopamidol), we recommend a basic chemistry pane within 7 days of the scan. Please include blood work results. BFAH is able to perform blood work prior to the scan if necessary (please check one of the selections below) I would like BFAH to perform bloodwork Blood work results are attached Owner declined	<u> </u>							
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COST:

Base Cost	(includes sedation, IV catheter, IV contrast, radiologist interpretation).	\$1,000.00
Additional Region	Per each region added	\$109.50
STAT CT	Additional cost	\$245.00
General Anesthesia	Additional cost if needed	\$151.50
Basic Chemistry Panel	Additional cost if needed	\$145.00