



**Family Vet Care Center**

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familyvetcarecenter.com

## **Veterinarian CT Scan Referral Form**

This form is to be completed by clinics that are referring canine or feline patients to Family Vet Care Center for CT scans.

### **Referring Veterinarian**

Name

Referring Practice Name

Email To Send Patient Records

### **Client Information**

Name

Address

Address Line 2 ( optional )

City

State

Zip

Phone

Alternate Phone

Patient Name

Email

Canine ( Dog ) or Feline ( Cat )

Pre-Op Bloodwork Acknowledgement

Pre-Op Bloodwork is always recommended prior to CT Scans. Will you be performing this routine bloodwork at your facility? If yes, please forward bloodwork results with records.

CT Body Region +/- Contrast

Weight / Age / Sex / Breed

Differential Diagnosis

Patient History

Current Medications / Supplements

Please submit this completed and saved pdf and any pertinent patient ,records and diagnostics to [info@familyvetcarecenter.com](mailto:info@familyvetcarecenter.com)