Central Hospital For Veterinary Medicine, Inc.
Diagnostic Imaging
Patient Referral Form

4 Devine Street
North Haven, CT 06473
Phone : (203) 865-0878
Fax: (203) 867-5141
Email: imaging@centralpetvet.com

Date: _____

Referring Veterinarian Information:
Doctor's Name: _____ Hospital Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax #:_____
E-Mail: _____

How would you prefer to be contacted about this case?
Phone ☐ Fax ☐ E-mail ☐

Client Information:
Name: _____
Phone: _____ E-mail: _____
Address: _____ City: _____ State _____ Zip _____

Patient Information:
Name _____ Species ____ Breed _____ Sex _____
Neutered: Yes ☐ No ☐ Date of Birth_____

Reason for Referral (including relevant history, clinical findings and lab data):
_____
_____
_____
_____
_____
_____

Test to be performed

Ultrasound
Abdomen □ Cardiac □ Non-cardiac thorax □ Neck □

Other/comments □ _____

Radiography/Contrast Procedure
Study to be performed: _____

Comments: _____

CT Scan
Study to be performed: _____

Comments: _____

Please inform the owner of the following:

Food should be withheld for 12-15 hours prior to the procedure for optimal image quality and in the case that sedation/anesthesia is required. If this is not possible for medical reasons, please contact us. Withholding water is not necessary.

For ultrasonographic procedures, the area of interest will be shaved to optimize image quality and maximize the diagnostic potential of the test.

For other tests, please call us for specific preparatory instructions.

Owners will not be given the results of the imaging procedures performed except under certain, critical circumstances. The owners will be asked to contact your office for imaging results, and to make plans for further actions. This is to keep you in control of your case and to simplify communications.

If you wish to have another doctor at our facility go over the imaging results with the owner and make further recommendations, please speak to the imaging department to set up the appropriate consultation.

*Biopsies, needle aspirates and other interventional procedures are **not** scheduled as outpatient procedures and cannot be performed as an add-on to an outpatient exam except in critical cases where the case is transferred to a staff doctor for case management. Routine, non-emergent procedures can be scheduled through the imaging department as day-admits. Please call for more information.*

Thank you for your referral!