



## Small animal referral sheet for CT/MR examinations

**Owner:**

Name: ..... Phone number:.....

**Animal:**

Name: ..... Age:..... Sex:..... Species, breed:.....

**Suspected diagnosis:**

.....

**Ordered examination type:**

CT

MR

Region?.....

.....

**Complementary examinations needed?**

Fine needle aspiration

YES

NO

Biopsy

YES

NO

Blood chemistry

YES

NO

In case of YES answers, please, specify the request!.....

.....

**Anamnesis**

Performed X-ray?

YES

NO

If YES, the result is:.....

**MEDICOPUS Egészségügyi Szolgáltató Közhasznú Nonprofit Kft.**



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Performed ultrasound?	YES	NO
If YES, the result is:.....		
Performed CT/MRI examination?	YES	NO
If YES, the result is:.....		
Known medical allergy?	YES	NO
If YES, what kind of?.....		
Performed blood work?	YES	NO
If YES, the result is:.....		
Other, known disease?	YES	NO
If YES, it is:.....		

The history and course of the disease:

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Other comments:

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.....  
.....

Date:.....

.....  
referring veterinarian signature, stamp