### Penn Vet Radiology

#### Outpatient Imaging Request Form

**Phone:** 215-746-8674  
**Fax:** 215-746-0516

**Client’s Name:**  
**Pet’s Name:**  
**Client’s Phone Number:**  

**Client’s Name:**  
**Referring Veterinarian:**  
**Pet’s Name:**  
**Referring Hospital:**  
**Phone Number:**  
**Fax Number for Report:**  
**Email:**

### Important

- **Please provide CBC & Chem Screen of less than 30 days:**  
  - For Ultrasound if Sedation/Anesthesia will be necessary (e.g., fine needle aspirates, biopsies, uncooperative patients, etc)
  - For **all** CT or MRI examinations.

If biopsy is requested, a coagulation panel <72h needs to be provided as well.

#### Patient’s History

Provide detail about other medical conditions, previous surgeries, attach additional information as needed.

#### Physical Examination

<table>
<thead>
<tr>
<th></th>
<th>Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular:</td>
<td></td>
</tr>
<tr>
<td>Respiratory:</td>
<td></td>
</tr>
<tr>
<td>Neurologic:</td>
<td></td>
</tr>
</tbody>
</table>

#### Reason for Imaging:

Current medications:

Last Rabies Vaccination:

Allergies/drug reactions (in particular to iodine, gadolinium or anesthetic drugs):

### Ultrasound Examination

- **Abdomen** ($540)
- **Musculo-Skeletal** ($341)
- **Thorax** ($540)
- **Other** Small Parts (Specify) ($341)

#### MRI Examination

**Prices include anesthesia**

**Contrast** ($218) will be used at the Radiologist’s discretion and for **all** Brain and Joint Imaging.

<table>
<thead>
<tr>
<th>Spine</th>
<th>Brain**</th>
<th>Head/Neck</th>
<th>Limb/Joint**</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1-T2 ($1,500)</td>
<td>Brain only ($1,500) + Contrast</td>
<td>Nasal cavity ($1,500)</td>
<td>Brachial Plexus (L or R) ($1,500)</td>
</tr>
<tr>
<td>T3-L3 ($1,500)</td>
<td>Brain + C1-C2 ($1,930.50)</td>
<td>Orbits ($1,500)</td>
<td>Lumbo-sacral Plexus (L or R) ($1,500)</td>
</tr>
<tr>
<td>L4-Sacrum ($1,500)</td>
<td>Tympanic Bullae ($1,500)</td>
<td>TMJ ($1,500)</td>
<td>Stifle (L or R) ($1,500) + Contrast</td>
</tr>
<tr>
<td>T3-Sacrum ($2,276)</td>
<td>Abdomen ($1,500)</td>
<td>Soft tissue neck ($1,500)</td>
<td>Hip (L or R) ($1,500) + Contrast</td>
</tr>
<tr>
<td>Other (specify, price varies)</td>
<td></td>
<td></td>
<td>Shoulder (L or R) ($1,500) + Contrast</td>
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</tbody>
</table>

**Contrast ($218)**

**For MRI, list any metallic implant patient may have** (examples include, but are not limited to: pacemaker, cerebral metallic clips, shunts/stents/coils, orthopedic implants, gunshots/bb shots or other metallic foreign bodies, microchip):

#### Computed Tomography Examination

**Prices include anesthesia**

<table>
<thead>
<tr>
<th>Spine</th>
<th>Brain**</th>
<th>Head/Neck</th>
<th>Limb/Joint**</th>
<th>Spine</th>
<th>Other – Specify: ________________________ (Price vary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Abdomen with IV Contrast ($1,294)</td>
<td>General Thorax with IV Contrast ($1,294)</td>
<td>General Thorax with IV Contrast (&quot;Met Check&quot;) ($841.50)</td>
<td>Throrax NO CONTRAST ($841.50)</td>
<td>Pelvis with IV Contrast ($1,294)</td>
<td></td>
</tr>
<tr>
<td>Joint, No Contrast ($841.50)</td>
<td>CT tympanic Bullae with IV Contrast ($1,294)</td>
<td>CT wing with IV Contrast ($1,294)</td>
<td>CT Spine with IV Contrast ($1,294)</td>
<td>Other – Specify: ________________________ (Price vary)</td>
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<tr>
<td>Specify which joint: ___________________</td>
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<tr>
<td>Head (nasal cavity, maxilla...) + IV Contrast ($1,294)</td>
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<tr>
<td>Cervical Soft Tissue CT with IV Contrast ($1,294)</td>
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<td>CT Angiography ($1,513.50)</td>
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</tbody>
</table>

**Hospital Admission Code Status Required for all patients:**

Green: Surgical Option w/internal chest compressions  
Yellow: Drugs, external chest compressions, intubation  
Red: DNR

**If no code is requested – Yellow will be assigned**

**Code Status Descriptions:**

Green: Surgical Option w/internal chest compressions  
Yellow: Drugs, external chest compressions, intubation  
Red: DNR

*Updated Version July 2018*