

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:

Referring Veterinarian:
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: Weight:

Cardiovascular:

Respiratory:

Neurologic:

REASON FOR IMAGING:

Current medications:

Last Rabies Vaccination:

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

ULTRASOUND EXAMINATION

ABDOMEN (\$545.50) MUSCULO-SKELETAL (\$344.50) THORAX (\$545.50) OTHER Small Parts (Specify) (\$344.50)

MRI EXAMINATION (Prices include anesthesia)

****Contrast (\$221) will be used at the Radiologist's discretion and for ALL Brain and Joint Imaging**

SPINE

- C1-T2 (\$1,515)
- T3-L3 (\$1,515)
- L4-Sacrum (\$1,515)
- T3-Sacrum (\$2,299)

BRAIN**

- Brain only (\$1,515) +Contrast
- Brain + C1-C2 (\$1,742)
- Tympanic Bullae (\$1,515)

SOFT TISSUES

- Abdomen (\$1,515)
- Other (specify, price varies)

HEAD/NECK

- Nasal cavity (\$1,515)
- Orbits (\$1,515)
- TMJ (\$1,515)
- Soft tissue neck (\$1,515)

Contrast (\$221)**

LIMB/JOINT**

- Brachial Plexus (L or R) (\$1,515)
- Lumbo-sacral Plexus (L or R) (\$1,515)
- Stifle (L or R) (\$1,515)+Contrast
- Hip (L or R) (\$1,515) +Contrast
- Shoulder (L or R) (\$1,515) +Contrast

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)

- GENERAL ABDOMEN WITH IV CONTRAST (\$1,307)
- JOINT, NO CONTRAST (\$850.50)
Specify which joint: _____
- HEAD (NASAL CAVITY, MAXILLA...) + IV CONTRAST (\$1,307)
- CERVICAL SOFT TISSUE CT WITH IV CONTRAST (\$1,307)
- CT ANGIOGRAPHY (\$1,529.50)
Specify organ: _____

- GENERAL THORAX WITH IV CONTRAST (\$1,307)
- THORAX NO CONTRAST ('MET CHECK') (\$850.50)
- CT TYMPANIC BULLAE WITH IV CONTRAST (\$1,307)
- PELVIS WITH IV CONTRAST (\$1,307)
- SPINE WITH IV CONTRAST (\$1,307)
- OTHER - Specify: _____ (Price vary)

**** Hospital Admission Code Status REQUIRED FOR ALL PATIENTS: GREEN YELLOW RED**

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