## PENN VET RADIOLOGY
### OUTPATIENT IMAGING REQUEST FORM
**PHONE:** 215-746-8674  
**FAX:** 215-746-0516

**Client’s Name:**  
**Referring Veterinarian:**  
**Pet’s Name:**  
**Referring Hospital:**  
**Client’s Phone number:**  
**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)
- **☐ 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**

****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)**

### HEAD/NECK
- **☐ Nasal cavity ($1,515)**
- **☐ Orbits ($1,515)**
- **☐ TMJ ($1,515)**
- **☐ Soft tissue neck ($1,515)**

### SOFT TISSUES
- **☐ Abdomen ($1,515)**
- **☐ Other (specify, price varies)**

**☐ Contrast ($221)**

### 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, gunshot/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)**
- **☐ 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**

**Code Status Descriptions:**
- Green: Surgical Option w/internal chest compressions
- Yellow: Drugs, external chest compressions, intubation
- Red: DNR

**IF NO CODE IS REQUESTED – YELLOW WILL BE ASSIGNED**

1/14/2019