



HAPPY VALLEY VETERINARY CLINIC & HOSPITAL
O/B HAPPY VALLEY VETERINARY CLINIC CO., LTD.
跑馬地獸醫診所及醫院

Companion Animal Medical, Surgical & Diagnostic Facility
G/F, 6 Cheong Ming Street, Happy Valley, Hong Kong
Tel: (852) 2572-0977 Fax: (852) 2577-5182 Email: hvvcinfo@gmail.com



CT SCAN SUBMISSION FORM

Please send submission form AND relevant history to Fax no.: 2577 5182 or Email: hvvcinfo@gmail.com

Referring Clinic: _____ Date: _____

Referring Vet: _____ Tel: _____

Name of Client: _____ Client Contact No.: _____

Patient Name: _____ Species: _____ Weight (kg): _____

Breed: _____ Age: _____ Sex: _____

Requested CT Study:

CT Body Areas: Head (Skull C2) Neck (C1-C7) Thorax (Scapular - Last rib)
 Abdomen (Above Diaphragm to Pelvis) Limb (Front Limb / Hind Limb)
 Spine (C1-T2 / Neck T3-L7 / S1) Other: _____

Contrast: Yes No

Brief Clinical History:

Previous Tests Performed and Results:

General Anaesthetic Risk Assessment: Low Medium High

Other Relevant Notes:

*How would you like us to send the follow-up report?

Email: _____ Fax: _____

