



INLAND EMPIRE VETERINARY IMAGING, P. S.

Diagnostic Imaging Excellence for Your Pet

Jeff Siems, MS, DVM, DACVR

Report CO CV

For Office Use: Nasal Head Thorax Abdomen Extremity Spine C / T / L

Please complete the following information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Alternate Ph/Cell Ph: _____

Email address: _____

*For active military and registered veterans, please accept a 20% discount when you present your military ID. We thank you for your service.
(Discount does not apply to CT Scan charge.)

Pet Information:

Name: _____

Circle one: Canine Feline

Breed: _____

Sex: _____ Spayed or Neutered: Yes / No

Date of Birth: _____

Regular Veterinary Clinic: _____ Veterinarian: _____

CT Authorization

I hereby authorize Dr. Siems and assistants to perform diagnostic imaging services on my pet. General anesthesia will be necessary to complete the computed tomography examination. I understand there are potential risks with general anesthesia, including but not limited to hypothermia, stroke, cardiac arrest, and death. Iodinated intravenous contrast media may also be used in the computed tomography examination. I understand there are potential risks with the use of iodinated contrast media including but not limited to allergic reaction and the possibility of death of my pet. I also certify that no guarantee has been made as to the results that may be obtained. I consent to release all medical information. I hereby certify that I have read and understand the above authorization for treatment.

PROFESIONAL FEE POLICY: Fees are to be paid at the time of service.

SIGNATURE: _____ DATE: _____



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Acknowledgment of Diagnostic Procedures

Patient name: _____

Date: _____

By initialing below, I acknowledge that I understand the procedures listed below and the possible risks associated with these procedures, and I grant approval for the procedure to be performed. I also understand that the generalized list of risks does not encompass every possible scenario.

Fine Needle Aspirate
Approved

Fine needle aspiration is a minimally invasive procedure. A very small gauged needle is guided into tissue and with aspiration to the area a small cellular sample collects in the needle and syringe. This procedure is considered very low-risk and does not always require sedation. While rare, risks could include local pain, bleeding, infection, or in very rare instances tracking of cancer cells.

Centesis Approved

Centesis is a procedure in which fluid is removed from the body using a small gauged needle and syringe with negative pressure to create a drain system. This procedure does not always require sedation. While rare, risks could include local pain, bleeding, infection, secondary hypovolemia (non-blood fluid loss), low blood pressure. In the case of thoracic (chest) centesis additional risks include pneumothorax (air leaking around lungs), trauma to thoracic tissues (lung or heart – very rare).

Biopsy Approved

Biopsy is a moderately invasive procedure in which a biopsy tool is inserted into the tissue and a small tissue sample is cut for collection. This procedure is performed while the patient is under general anesthesia. The entry point may require surgical glue or sutures. While rare, risks could include local pain, bleeding, infection, or in very rare instances fistula formation, or perforation of adjacent tissues.

CSF Tap Approved

CSF tap is a procedure in which a radiologist collects a sample of CSF (Cerebrospinal Fluid). For sanitation purposes, a square patch of fur is shaved and thoroughly sanitized in the area of the procedure. When under anesthesia, a small needle is inserted into the spinal canal and CSF is collected. This procedure is generally low-risk, but risks increase with brain swelling due to a tumor or severe inflammation. Risks could include local pain, bleeding, infection, worsening of the neurological signs, paralysis, brain herniation, seizures, and death.

Myelogram Approved

A myelogram is a diagnostic imaging procedure in which a contrast agent is injected around the spinal cord. For sanitation purposes, a square patch of fur is shaved and thoroughly sanitized in the area of the procedure. While a myelogram can be an essential diagnostic step in determining the cause of a spinal cord problem, there are some risks associated with this procedure. Risks could include local pain, bleeding, infection, worsening of the neurological signs, allergic reaction, paralysis, seizures, and death.

If you have any additional questions or concerns regarding the information above, please notify our CSR and they will arrange for consultation with our Licensed Veterinary Technician.



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Date: _____

Patient name: _____

Consent for Resuscitation

In the event of an unforeseen medical emergency in which your pet's condition declines cardiopulmonary resuscitation (CPR) can be administered based on the medical judgement of the veterinarian(s) at Inland Empire Veterinary Imaging. CPR can include, but is not limited to: chest compressions, placement of a breathing tube with manual ventilation, placement of an intravenous catheter, and emergency drug administration. The success of CPR depends on how advanced your pet's condition is and the underlying primary health issue.

Please initial one option that best describes your wishes for your pet

_____ I request CPR to be performed on my pet. Should the need arise for my pet to receive CPR I understand that the staff at Inland Empire Veterinary Imaging will attempt to contact me immediately. I accept and understand that CPR does not always produce a favorable outcome.

_____ I decline any resuscitation efforts for my pet (DNR).

Signature

Date

Emergency Contact Number: _____



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Please list any medical alerts:

Pet's first name: _____

Owner's last name: _____

Briefly describe your pet's recent symptoms and why your veterinarian recommended imaging:

Please circle the option that best describes your pet's current health condition

Appetite:	Increased	Normal	Decreased
Thirst:	Increased	Normal	Decreased
Urination:	Increased	Normal	Decreased
Energy:	Increased	Normal	Decreased

Has your pet had any vomiting? Yes No

Has your pet had any diarrhea or abnormal stool? Yes No

What pet food do you use? _____ Is it a grain free? YES NO

Please list all current prescriptions and the time they were given:

When was your pet last at your referring veterinarian's office? _____

Since then would you say your pet is (please circle one): Better Worse About the same