

Inland Empire Veterinary Imaging

Patient Registration Form

MO Report CO CV

Please complete the following information:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____ Alternate Ph / Cell Ph: _____
Employed by: _____
Address: _____ Work Phone: _____
Email address: _____

Pet Information:

Name: _____
Circle one: Canine Feline
Breed: _____
Sex: _____ Spayed/Neutered: Yes: _____ No: _____
Age: _____

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 the possibility of death of my pet. 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 the possibility of death of 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.

PROFESSIONAL FEE POLICY: A \$500 deposit is required prior to starting the CT. The remaining balance is to be paid at the time of discharge. Select method of payment:

Cash: _____ Check: _____ Credit Card: _____

SIGNATURE: _____ **DATE:** _____

Aspirate Approval: _____	Biopsy Approval: _____
CSF/Myelogram: _____	Tap Approval: _____