VDIC

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Ultrasound Request Form

Veterinarian _____ Date _____

Hospital _____

Phone _____ Fax _____

CC Results To: _____ Fax _____

Owner's Full Name _____

Pet's Name _____ ID No. _____

Breed _____ Age _____

Species ❑ Dog ❑ Cat ❑ Other _____

Sex ❑ M ❑ F ❑ MN ❑ FS Weight _____ Kg.

Recent Radiographs: ❑ No ❑ Yes Report # _____

Recent Blood Work: ❑ Yes ❑ No Recent Urinalysis: ❑ Yes ❑ No

Please Send Recent Radiographs, Blood Work, Urinalysis

Exam(s) Requested: (Additional Fee for More Than 1 Study)

___ Abdominal Ultrasound
___ Thoracic Ultrasound
___ Echocardiography
___ Other _____

Biopsy:

___ FNB Organ(s): _____
___ Tru-Cut Organ(s): _____
___ Biopsy All Abnormal Organs
___ Call Prior to Biopsy at: Phone _____
___ Biopsy At Owner's Discretion

If needed, Sedation +/- Anesthesia will be used

Pertinent History, Lab Results, Clinical Findings, Recent Drug Therapy:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Current Medications: _____

_____

Thank you for your referral. As an extension of your hospital, we will do everything we can to reflect positively on your practice.