Central Vet Imaging

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ULTRASOUND REQUEST FORM

Date: _____

Client Name: _____ Client Phone: _____

Patient Name: _____ Feline [ ] Canine [ ] Breed: _____

Patient Age/DOB: _____ Patient Sex: M [ ] F [ ] Altered: Y [ ] N [ ] Approximate Wt: _____ lbs

Referral Clinic: _____ Referral Veterinarian: _____

Pertinent History:

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**** Please send any current pertinent blood work along with the request form. Copies of patient medical records are not necessary.**

Are there any **radiographs** associated with the current condition? **Y [ ] N [ ]** _____

****** If yes, please send these images via the Vetology platform to Dr. Jones as a "Non-Billable for Referral" request if you do not want a written interpretation report. If a written interpretation report is desired, please send the images as a standard interpretation request. If you do not use the platform, please send the images via email to staff@centralvetimaging.com, or on a disc with the client if preferred. If you have already submitted the radiographs via the Vetology platform for a reported interpretation, please make a notation on the line above and disregard any resending.

Report Preference: Email [ ] Fax [ ] Phone [ ] (check all that apply) Email: _____

This form can be faxed back to Central Vet Imaging at 805-904-6772, or emailed to staff@centralvetimaging.com.