
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 notwant 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.