Animal Imaging
visibly better

FAX THIS ORDER TO: 972.869.9916

Please include the most recent physical exam findings, laboratory results and assessment with this form.

REQUEST FOR FLUOROSCOPIC EXAM – SMALL ANIMAL

If referring this case on an emergency basis, please fax the referral form and contact our office directly.

Patient Name*: Age*: Gender*:

Patient Weight*: Breed*: Date of Request*:

Owner's Name*: Phone*:

Owner's Address*: City*: State*: Zip*:

Other Authorized Party/Relationship: Phone:

Email*:

Referring Veterinarian*: Phone*:

Clinic Name*:

Address*:

Email*: Fax*:

Please send any radiographs taken at your clinic for your client's appointment*.

Radiographs: ☐ Sent digitally ☐ Sent with client ☐ None taken

Please check exam you are prescribing for this patient*:

☐ Collapsing trachea ☐ Esophagram ☐ Other _____

Please list any current medications*:

Case summary and working diagnosis*:

Symptoms/clinical signs*:

Veterinarian's signature*:

*Required field.

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