



FAX THIS ORDER TO: 972.869.9916

PLEASE INCLUDE THE MOST RECENT PHYSICAL EXAM FINDINGS AND LABORATORY RESULTS WITH THIS FORM.

NUCLEAR MEDICINE REFERRAL FORM – SMALL ANIMAL

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. Please only request one area*.

- Full Body Bone Scan Front Half Bone Scan Back Half Bone Scan
- Thyroid Scan - *Please include recent chemistry and urinalysis (including specific gravity) with this form*
- I-131 Treatment
- Portal Scan (transplenic) - *A current CBC with an adequate platelet count is needed for this procedure*
- GFR Study

Specific area of interest*:
History and reason for exam*:

Symptoms*:

Previous surgery*? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any known drug sensitivities*? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Sedation OK if needed*? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other comments:	

Additional exam you are prescribing*:

Veterinarian's Signature*:

**Required field.*