



EMAIL OR FAX THIS ORDER TO:
info@animalimaging.net - (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 submission*:	
Owner's Name*:	Phone*:		
Owner's Address*:	City*:	State*:	Zip*:
Other Authorized Party/Relationship:	Phone:		
Owner's Email*:			
Referring Veterinarian*:	Phone*:		
Clinic Name*:			
Email to send copy of report to*:	Fax*:		

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

Radiographs*: Sent through DVM insight Emailed to info@animalimaging.net Sent with Client None taken
Current labwork?*: Yes (sent with referral) None (see requirements below)

Please check the 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 (*required to determine eligibility for I-131 treatment*) - Please include recent senior panel (including specific gravity) done within the last 30 days as it is needed for this procedure.
- Portal Scan (transplenic) - Current Bile Acids, Chemistry & CBC with an adequate platelet count done within the last 30 days are required 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	
Sedation OK if needed*? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any known drug sensitivities*? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other comments:	If yes, please describe:

Additional exam you are prescribing*:

Veterinarian's Signature*:

**Required field.*