



EMAIL OR FAX THIS ORDER TO:  
info@animalimaging.net - (972) 869-9916

PLEASE SUBMIT ALL RELEVANT MEDICAL RECORDS AND LAB WORK  
SO WE CAN BE PREPARED FOR EACH CASE.

## ULTRASOUND REFERRAL FORM – SMALL ANIMAL

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

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

Please check the exam you are prescribing for this patient and include all current labwork with each referral.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Abdominal   | <input type="checkbox"/> Fine needle aspirates<br><i>(Results of current CBC required prior to appt.)</i> | <input type="checkbox"/> Thoracocentesis    |
| <input type="checkbox"/> Non-cardiac thorax                                  |   | <input type="checkbox"/> Pericardiocentesis |
| <input type="checkbox"/> Echocardiography (includes Doppler)                 |   | <input type="checkbox"/> Abdominocentesis   |
| <input type="checkbox"/> Abdomen & Echocardiography                          |   |   |
| <input type="checkbox"/> Specialty (Ocular, Brain, Thyroid, Pregnancy, etc.) |   |   |

Specific area of interest\*:

Case summary and working diagnosis\*:

Symptoms/clinical signs\*:

Previous surgery\*?  Yes  No

Other comments:

Additional exam you are prescribing\*:

Veterinarian's signature\*:

\*Required field.