



# Triangle Veterinary Emergency Clinic

3319 Durham-Chapel Hill Blvd, Durham, NC, 27707

(919) 489-0615

## Outpatient Imaging Request Form Paul M. Frank, DVM, DACVR

*\*Please fax this completed form to 919-403-3339*

Date: \_\_\_\_\_

Date of Appointment (if known): \_\_\_\_\_

### Exam requested:

- Outpatient Ultrasound (*no treatment or workup*) \_\_\_\_\_
- Radiograph Imaging Review \_\_\_\_\_
- Other (*please call to discuss ahead of time*) \_\_\_\_\_

### Referring Veterinarian Information:

Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred contact method for imaging report: Fax \_\_\_\_\_ Email \_\_\_\_\_

*If possible, try to have a veterinarian familiar with this pet available to discuss this case on the date of the exam.*

### Patient Information:

Client First Name: \_\_\_\_\_ Client Last Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Age: \_\_\_\_\_

Exam: Abdomen: \_\_\_\_\_ Heart (echocardiogram): \_\_\_\_\_ Other: \_\_\_\_\_

*If scheduling an "Other" exam, please call to discuss this ahead of time.*

Major question/rule-out: \_\_\_\_\_

*Please be as specific as possible*

Relevant clinical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Anesthesia or Surgery? Yes / No \_\_\_\_\_

Current medications: \_\_\_\_\_

Special precautions or comments: \_\_\_\_\_



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*Please attach additional sheets if needed.*

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