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VIMS Ultrasound/Endoscopy Request Form

Date: _____

Appointment Date: _____

Referring Veterinarian Information

Dr: _____

Clinic Name: _____

Fax#: _____

Phone#: _____

Client Information

Client Name(s): _____

Address: _____

Phone#: _____

Cell: _____

Work: _____

Patient Information:

Patient Name: _____

Breed: _____

DOB: _____

Sex: _____

Weight: _____ kg

Presenting complaint (Problem List):

Additional History and details of workup/Therapies to date:

Procedure Requested:

Ultrasound

- ___ Abdomen
- ___ Abdomen – Assessing for portosystemic shunt (SEDATION REQUIRED)
- ___ Thoracic (Mediastinum)
- ___ Cardiac
- ___ Pregnancy
- ___ Other (please specify) _____

Ultrasound Guided Biopsy: (please specify) _____

Coagulation panel: YES NO

CBC with Platelet Count or Platelet Review: YES NO

Chemistry Panel: YES NO

Endoscopy

- ___ Gastroscopy
- ___ Bronchoscopy
- ___ Rhinoscopy
- ___ Colonoscopy
- ___ Otoscopy
- ___ Cystoscopy