

VETERINARY MEDICAL IMAGING

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Case Consultation Request

PLEASE CALL / EMAIL WHEN YOU SEND X-RAYS!

Date _____

Idexx # _____

Clinic Information:

Hospital _____

Address _____
Street City State Zip

Telephone _____ Fax _____ Email _____

Doctor _____ Cell _____

Patient Information:

Patient _____ Owner _____

Species: ☐ canine ☐ feline ☐ equine ☐ avian ☐ exotic ☐ other _____ Sex: ☐ female ☐ female spayed ☐ male ☐ male neutered

Age _____ Weight _____ Breed _____

Type of Imaging or Consultation Requested:

☐ Phone Consult Only ☐ Phone & Written Report (+\$25) ☐ E-Mail Consult (+\$25) ☐ On-site Ultrasound ☐ Ultrasound Referral ☐ CT/MRI Consult

Pertinent clinical information, differential diagnosis, comments or questions:

Pertinent bloodwork or radiographic abnormalities:

Please provide the following information for Ultrasound Referral or CT/MR Imaging:

Animal Temperament:

Do you anticipate needle aspiration or core biopsy is necessary?

Yes ☐ No ☐

If yes, has owner permission been obtained for the procedure?

Yes ☐ No ☐

Has owner permission been obtained for sedation or anesthesia?

Yes ☐ No ☐

Please list any known anesthetic problems, prior drug reactions, or current medications:

Note: To facilitate the procedure, owners should be briefed prior to referral about the costs and general risks of sedation, general anesthesia, or biopsy procedures. Evaluation of the animal's coagulation status is required prior to core biopsy procedures.