Animal Imaging
visibly better

FAX THIS ORDER TO: 972.869.9916

Please include the most recent physical exam findings, laboratory results and assessment with this form.

REQUEST FOR FLUOROSCOPIC EXAM – SMALL ANIMAL

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

Patient Name: Age: Gender:

Patient Weight: Breed: Date of Request:

Owner's Name: Phone:

Owner's Address: City: State: Zip:

Other Authorized Party/Relationship: Phone:

Referring Veterinarian: Phone:

Clinic Name:

Address:

Email: Fax:

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

Radiographs: ☐ Sent digitally ☐ Sent with client ☐ None taken

Please check exam you are prescribing for this patient:

☐ Collapsing trachea ☐ Esophagram ☐ Other _____

Please list any current medications:

Case summary and working diagnosis:

Symptoms/clinical signs:

Veterinarian's signature:

6112 Riverside Dr. • Irving, TX 75039 • **P** 972.869.2180 • **F** 972.869.9916 • **animalimaging.net**