Animal Imaging
visibly better

FAX THIS ORDER TO: 972.869.9916

WE HIGHLY RECOMMEND THAT YOU SUBMIT ALL RELEVANT MEDICAL RECORDS AND LAB WORK SO WE CAN BE PREPARED FOR EACH CASE.

NUCLEAR MEDICINE REFERRAL FORM – SMALL ANIMAL

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. Please only request one area*.

☐ Full Body Bone Scan ☐ Front Half Bone Scan ☐ Back Half Bone Scan

☐ Thyroid Scan – *Please include recent chemistry & urinalysis (including specific gravity) with this form*

☐ I-131 Treatment

☐ Portal Scan (transplenic)

☐ GFR Study

Specific area of interest*:

History and reason for exam*:

Symptoms*:

Previous surgery*? ☐ Yes ☐ No

Sedation OK if needed*? ☐ Yes ☐ No

Other comments:

Any known drug sensitivities*? ☐ Yes ☐ No

If yes, please describe:

Additional exam you are prescribing*:

Veterinarian's Signature*:

*Required field.

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