



IMAGING REQUEST & REFERRAL FORM

Clinic Name: _____

Referring Veterinarian: _____

Date: _____ Clinic phone: _____

Email address: _____

Owner Name: First _____ Last _____

Phone Number: _____ Secondary Phone Number _____

Patient Name: _____ Age: _____ Breed: _____

Wt. _____ lb./kg. (circle one) Sex: Neutered Male / Spayed Female / Male / Female (circle one)

Patient History:

Ultrasound: (circle one) Abdominal / Thoracic / Echocardiography (heart only)

Computed Tomography: (circle one) Head and neck / Abdomen / Pelvis / Thorax / Spine / Extremities

For a complete assessment, please send any recently performed imaging including radiographs with the patient regardless of desire for radiographic consultation. For CT imaging with contrast please include recent (within 6 months) blood work including renal profile. If biopsy samples are requested, please send a current clotting profile to include a Prothrombin Time as well as a Partial Thromboplastin Time result. Preliminary ultrasound results should be available the same day and radiology consultation for both ultrasound and CT should be available within 24 hours.

Collin County Veterinary Imaging Center / 5353 Independence Pkwy. Ste. 100 / Frisco, TX 75035
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