



## ULTRASOUND REQUEST FORM

HOSPITAL: \_\_\_\_\_

DOCTOR NAME:  
(phone numbers and  
hours avail today/tomorrow) \_\_\_\_\_

PATIENT / CLIENT NAME: \_\_\_\_\_

DOB / WEIGHT: \_\_\_\_\_

SPECIES / SEX / BREED: \_\_\_\_\_

TYPE OF EXAM (please circle):    ABDOMINAL    ECHOCARDIOGRAM    SPECIALTY

PRESENTING COMPLAINT / HISTORY / PE (please provide dates of visits):

MEDICATIONS (current dose and duration):

LAB RESULTS (pertinent findings; full results will be included with exam):

RADIOGRAPHIC FINDINGS:

QUESTIONS TO BE ANSWERED W/ ULTRASOUND, TENTATIVE DIAGNOSIS: