



Ultravet Mobile

CONSULTANTS IN INTERNAL MEDICINE & CARDIOLOGY

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ULTRASOUND IMAGING REQUEST FORM



Please fill in all patient demographic information below. All digital x-rays should be emailed to ultravetmobileinfo@gmail.com



Date: _____ Hospital Name: _____

Patient's Name: _____ Last Name: _____

Breed: _____ Species: _____ Weight: _____

Age: _____ Sex: M / F (Circle One) Spayed / Neutered / Intact (Circle One)

Type of Scan: Abdominal Echo/Chest Thyroid Soft Tissue Ocular FNA Cysto

Has Patient Been Scanned by UVM before? YES NO (Circle One) STAT Read? YES NO (Circle One)

Bloodwork Included? YES NO (Circle One) X-Rays Emailed? YES NO (Circle One)

MEDICATION(S): **(MUST BE COMPLETED)**

Name of Medication	Strength	Dosage

Anesthetic Clearance Needed? YES NO (Circle One) If so, what procedure? _____

Chief Complaint, Clinical Signs (coughing, exercise intolerance, etc.), and Pertinent History (including diet):

Is this a recheck? If so, please notate changes/improvements: _____
