



ACCES Animal Specialty Centers  
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www.criticalcarevets.com

DIAGNOSTIC IMAGING SERVICE  
Todd Smithenson, DVM, DACVR

### DIAGNOSTIC IMAGING REQUEST FORM

**Date of Submission:** \_\_\_\_\_ **Case #** \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Hospital: \_\_\_\_\_

City: \_\_\_\_\_ Phone # you can be reached at after U/S \_\_\_\_\_

Would you like to receive report via Fax  or Email ?

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Owner: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex:  F  FS  M  MN Age: \_\_\_\_\_ Employee Pet?

Prior imaging studies?  Y  N, If yes, describe \_\_\_\_\_

#### Request

Radiographic interpretation  Hard Films  Digital films \*\*call our office for instructions for digital film submission

Ultrasound - abdomen  Ultrasound - thorax

Ultrasound guided procedure: \_\_\_\_\_

Contrast Radiographic procedure - type: \_\_\_\_\_

**Presenting Complaint:** \_\_\_\_\_

**Clinical History:**

**Physical Exam/Lab data (enclose lab results):**

**Tentative diagnosis/assessment:**

**Specific questions for radiologist, if any:** \_\_\_\_\_

Please send more Routing Stickers

**Charges:** Rad Interpret: \_\_\_\_\_ Ultrasound: \_\_\_\_\_

Biopsy: \_\_\_\_\_ Fine needle aspirate: \_\_\_\_\_

Other: \_\_\_\_\_ **Total:** \_\_\_\_\_  Dictated