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DIAGNOSTIC IMAGING SERVICE
Bill Gross, 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 - cardiac

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: _____ <input type="checkbox"/> Dictated <input type="checkbox"/>