



**INNER VISIONS**

Veterinary Ultrasound & Internal Medicine

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**Ultrasound Request Form**

Please attach patient label or complete information below:

<b>Hospital Name:</b> _____	<b>Species/Breed:</b> _____
<b>Clinician:</b> _____	<b>Gender:</b> _____
<b>Patient Name:</b> _____	<b>Date of Birth:</b> _____
<b>Date of U/S Appt:</b> _____	<b>Weight:</b> _____

**Presenting complaint:** \_\_\_\_\_

**Summary of pertinent history, including summary of relevant diagnostic results (please attach full lab work):**

**Type of scan requested:**

<input type="checkbox"/>	Abdominal Ultrasound
<input type="checkbox"/>	Echocardiogram
<input type="checkbox"/>	Thoracic Scan
<input type="checkbox"/>	Bi-cavitary Scan
<input type="checkbox"/>	Other (please describe, e.g. “collect sterile urine sample for culture and sensitivity” or “evaluate large subcutaneous mass on left shoulder and aspirate”)

*Ultrasound guided fine needle aspirates will not be performed without CBC showing adequate platelets within last 30 days.*