



INNER VISIONS

Veterinary Ultrasound & Internal Medicine

Out-Patient Ultrasound Request Form*

Hospital Name: _____ **Species/Breed:** _____
Clinician: _____ **Gender:** _____
Patient Name: _____ **Date of Birth:** _____
Client Name/Phone: _____ **Weight:** _____

Presenting Complaint: _____

Pertinent history, including summary of relevant diagnostic results:

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Type of scan requested:

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|--|--|
| | Abdominal Ultrasound |
| | Echocardiogram (please provide digital copy or link to thoracic radiographs, if available) |
| | Thoracic Scan |
| | Other (please describe, e.g. "collect sterile urine sample for culture and sensitivity" or "evaluate large subcutaneous mass on left shoulder and aspirate") |

***Please submit completed digital copy of this form and recent lab work to JVH at JVHreception@gmail.com.**

Please include "Outpatient Ultrasound" in the subject line.

This form must be completed and provided to Jacksonville Veterinary Hospital no later than 24 hours prior to scheduled ultrasound appointment. Failure to complete this form and to provide patient's lab work may result in rescheduling ultrasound appointment and a cancellation fee being charged to client.

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