



Metropolitan Veterinary Radiology, Ltd.

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Radiology / CT/ MRI / Ultrasound Consult Request

Date: _____

Hospital/Veterinarian: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Patient Information

Owner's name: _____ Patient's name: _____

Breed: _____ Age: _____ Body Weight: _____

Sex: Female Spayed Female Intact Male Neutered Male Intact

Pertinent laboratory, historical and physical exam findings

Current Medications: _____

Sedation/anesthesia used for study? Yes No Type: _____

Study Type

Radiographs Echocardiogram Abdominal Ultrasound CT/MRI Other