



ECoVets Veterinary Specialists & ER

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Imaging Referral Form

Please fill out this form and email along with medical records to info@ecovetsfl.com and radiology@ecovetsfl.com Please contact Dr. Bartels, Dr. med. vet, DACVR for any further questions.

Referring Clinic:

Referring Doctor:

Owner's First & Last Name:

Owner's Phone Number:

Patient Name:

Age:

Sex:

Breed:

Weight:

Kg

Please select one:

- Outpatient imaging only | *An imaging report will be provided and any further case management will be done by the referring veterinarian; only available for stable patients; no consultation fee*
- Imaging with in-hospital case management | *Consultation with one of the following board certified specialist with complete case management*
- Dr. Darrow, DVM, DACVS - Surgery
 - Dr. Kim, DVM, DACVIM - Neurology
 - Dr. Londono, DACVECC, DACVNU – Critical Care, Nephrology/Urology

Please select:

- | | |
|--|---|
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Echocardiogram + ECG |
| <input type="checkbox"/> Abdomen Ultrasound | <input type="checkbox"/> Musculoskeletal US |
| <input type="checkbox"/> Neck/Thyroid Ultrasound | <input type="checkbox"/> Computed Tomography |
| <input type="checkbox"/> Fluoroscopy | |

History (reason for referral):



Cardiology Imaging Requests

Physical Exam Findings (if abnormal):

Heart Murmur Grade? 0 I II III IV V VI

Loudest: Left Right Base Apical

Femoral Pulses: Abnormal Weak Normal Bounding

Laboratory Abnormalities (if abnormal):

Radiograph Abnormalities (if abnormal):

Current Medications (with dose):

Additional Comments: