



6112 Riverside Drive Irving, Texas 75039
Phone (972) 869-2180 Fax (972) 869-9916

Nuclear Medicine Referral Form – Small Animal

Patient Name: _____ Age: _____ Gender: _____

Patient Weight: _____ Breed: _____ Date of Request: _____

Owner's Name: _____ Phone Number: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

Referring Veterinarian: _____ Office: _____ Fax: _____

Address: _____ Email: _____

Image viewing preference: Photo Copy CD (jpg, tif, bmp) E-film/Internet Access

Please check exam you are prescribing for this patient. Please only request one area.

Bone Scan

Thyroid Scan

I-131 Treatment

Portosystemic Shunt

Renal Study

Liver Scan

Specific area of interest _____

History & Reason for exam _____

Symptoms _____

Previous surgery? _____

Sedation okay if needed? _____ Any known drug sensitivities? _____

Other comments _____

Please check your billing preference Bill Client Bill Referring DVM

Veterinarian's Signature _____

FAX THIS ORDER TO (972) 869-9916

Please include the most recent physical exam findings,
laboratory results and assessment with this fax.