

Ultrasound Imaging Request Form

Please **complete ALL fields legibly (**BEFORE** our sonographer arrives)**

* REQUIRED FIELDS *

Patient Information									
Date: / /		Hospital Name:				Dr:			
Patient Last Name:					Patient First Name:				
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other: _____					Breed: _____				
Gender: <input type="checkbox"/> M <input type="checkbox"/> M/N <input type="checkbox"/> F <input type="checkbox"/> F/S		Age: _____ years _____ months		Weight: <input type="checkbox"/> lbs <input type="checkbox"/> kgs		BCS: 1 2 3 4 5 (circle) 6 7 8 9			
Services Requested (Please refer to current price list)									
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Board Certified Cardiologist Read add'l fee			<input type="checkbox"/> Recheck (same cavity within 6 mo.)			<input type="checkbox"/> Routine or <input type="checkbox"/> STAT (within 24 hrs) (within 6 hrs-add'l fee)	
<input type="checkbox"/> Comprehensive Cardiac (echo, 6-lead ECG, +/- rads, BP add'l fee)					(Date of last SonoPath Scan)				
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Ortho (bilateral)	<input type="checkbox"/> Other: _____		<input type="checkbox"/> FNA	<input type="checkbox"/> BX	<input type="checkbox"/> Sample Site(s): _____			
Reason for Ultrasound: _____									
Clinical Findings: _____									
Current Medications: _____									
All Lab Work WNL: <input type="checkbox"/> Yes <input type="checkbox"/> No				Lab Abnormalities: _____ _____ _____ _____					
U/A: _____									
USG: _____									
For FNA or Bx: PLT count: (>80k) _____									
HCT: (>20%) _____									
Sedation: <input type="checkbox"/> Trazodone <input type="checkbox"/> Dexmedetomidine <input type="checkbox"/> Propofol <input type="checkbox"/> Acepromazine <input type="checkbox"/> Other: _____ <input type="checkbox"/> Gabapentin <input type="checkbox"/> Torbutrol <input type="checkbox"/> Alfaxalone <input type="checkbox"/> Ketamine									

New Jersey Mobile Policies: A doctor *must* be on-site. ♦ Pet owners *cannot* attend ultrasound exams for liability reasons. ♦ Our team is authorized to leave for their next appointment after a courtesy 15-minute wait for a patient. ♦ Sedation and blood work required for any type of FNA or Bx *and* BW requirements *must be met* before sampling. ♦ FNA or Bx must be performed or scheduled within 10 consecutive days from date of u/s. ♦ AFTER 10 consecutive days, a recheck ultrasound (with fee) will be required prior to the sampling procedure to assess for any new or developing pathology.

NEW JERSEY MOBILE INTERNAL USE ONLY

Road Fee: Yes / No	STAT: Yes / No	Abdomen	Cardiac	Card Read: Yes / No	Ortho (bilateral)	Thyroid
Double Cavity	Recheck (same cavity w/in 6 mo.)	Other:				
FNA-site(s): 1: _____ 2: _____ 3: _____		Telecyto-site(s): 1: _____ 2: _____ 3: _____				
BX site(s): 1: _____ 2: _____ 3: _____		Sonographer: _____		Image Count: _____		
STAT recommended? Yes / No		FNA recommended? Yes / No		Notes: _____		