



1535 South Sepulveda Blvd., Los Angeles, CA 90025 • Surgery 310-473-5906 • 24HR. Emergency/ICU 310-473-1561 • Fax 310-479-8976 • [www.ASECvets.com](http://www.ASECvets.com)

### **Diagnostic Imaging Referral Request**

**Owner** \_\_\_\_\_

**Phone#1** \_\_\_\_\_ **Phone#2** \_\_\_\_\_

**Pet's Name** \_\_\_\_\_ **Breed** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Sex (Circle): Male Neutered / Male Intact / Female Spayed / Female Intact**

**Referring Veterinarian:** \_\_\_\_\_

**Clinic:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Best time to call:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

☐ **Presenting complaint/History:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **Pertinent physical exam findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **Request (Please circle):**                      **CT**                      **Ultrasound**                      **Radiography**

☐ **Body Part:** \_\_\_\_\_

☐ **Contrast Medium (please circle):**    **Yes**    **No**    **If indicated**

☐ **Please attach recent lab findings (CBC, chemistry, UA, cytology/biopsy)**

☐ **Surgical consultation needed? (please circle):**    **Yes**    **No**    **If indicated**