\*Please fill out with as much detail as possible.
HOSPITAL INFORMATION

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Date:
Hospital:
Veterinarian:
Phone:
Text Message:
Email:

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PATIENT INFORMATION

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Last Name:
Pet's Name:
Species:
Breed:
Age:

Weight (lbs):

Gender: Female [ ]  Male [ ]  Neutered / Spayed [ ]
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ULTRASOUND STUDY

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Abdominal - [ ]

Echocardiogram - [ ]

Double Cavity - [ ]

Locate Retained Testes - [ ]

Rad Consult - [ ]

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ULTRASOUND CATEGORY

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Value (L Uribazo, DVM) - [ ]

Comprehensive (Specialists, Appointment Only)- [ ]

Advanced (Specialists / Same Day - Urgent)- [ ]

STAT Report - [ ]
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PATIENT HISTORY / MAIN COMPLAINT

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PHYSICAL EXAM, BLOOD RESULTS, ETC
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CURRENT THERAPY

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