



VICSD
 VETERINARY IMAGING
 CENTER OF SAN DIEGO

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VICSD Imaging Request Form

RDVM Information

Hospital Name _____
 RDVM Name _____
 Telephone Number _____
 Fax Number _____

Patient Information

Owner Name _____
 Patient Name _____
 Species _____ Breed _____
 Age _____ Sex _____ Weight _____

Patient History:

Is this a VICSD FASTTRACK referral? If Yes, Authorizing Agent? _____ Is this a Pet Taxi? Y N
Study Requested:

Mobile Ultrasound (Study to be performed at your hospital) VICSD Ultrasound

Computed Tomography (CT) MRI Radiographs

Nuclear Medicine (Circle study needed):

- Bone Scan Front End Hind End Whole Body
- Portal Scan
- Thyroid Scan
- GFR (Kidney Scan)
- Pulmonary Perfusion
- Osteosarcoma Screening (Bone Scan & Thoracic CT)

Region of Interest (Circle detailed areas if necessary):

Abdomen Cardiac Skull/Head/Neck

- Renal/Adrenal
- Liver
- IVP (ectopic ureter)
- Brain
- Nasal
- Neck/Thyroid/Larynx
- Orbit

Thorax Spine Musculoskeletal

- C1-C5
- C6-T2
- T3-L3
- L4-S2
- Brachial Plexus
- Extremity _____

Circle samples to be collected at time of study:

- Blood
- Urine
- CSF
- FNA
- Abdominocentesis
- Thoracocentesis
- If FastTrack, please indicate your client pricing for sampling & analysis: \$ _____

VICSD OFFICE USE: Appointment Date/Time: _____ **VICSD Initial** _____