



# INLAND EMPIRE VETERINARY IMAGING, P. S.

Diagnostic Imaging Excellence for Your Pet

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## Referral Request

This form will soon be required for all referrals sent to us for diagnostic imaging. Please complete this form and its checklist prior to referring a patient to IEVI.

Client Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Pet Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex & DOB: \_\_\_\_\_

Primary DVM: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Email: \_\_\_\_\_

Brief History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Modality (circle one):    Ultrasound            Cardiac Ultrasound            CT            Radiographs

Body Cavity/Region to be Imaged: \_\_\_\_\_

Differential diagnosis/rule outs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Diagnostics Requested (ex: specific FNA, tru-cut biopsy, cysto, additional imaging, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referral Check List

- Recent Rads (if any) send to IEVI
  - Submitted through Keystone
  - Date \_\_\_\_\_
- Recent Lab Work (if any) send to IEVI
- Patient Records send to IEVI
  - Faxed
  - Emailed

\_\_\_\_\_  
Referring DVM signature

\_\_\_\_\_  
Date