

Request for Ultrasound

Date: _____

Client: _____

Hospital: _____

Patient: _____

Dr. _____

Species: _____

Phone: _____

Breed: _____

Fax: _____

Sex: _____

Age: _____

Clinical Signs:

Inland Empire Veterinary Imaging
21 East Mission
Spokane, WA 99202
Phone 509-326-3427
Fax 509-326-7213