

Request for Ultrasound

Date: _____

Client: _____

Hospital: _____

Patient: _____

Dr. _____

Species: K-9 Feline Other

Phone: _____

Breed: _____

Fax: _____

Sex: F FS M MC

Age: _____

Years Months Weeks

Clinical Signs:

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