



rDVM Outpatient Imaging Request Form

Animal Emergency and Specialty Care
739 Warren Ave.
Portland, ME 04103
207-878-3121
Email: imaging@aescmaine.com

Follow these steps:

1. Complete form
2. Fax to 207-878-0829
3. The imaging department will contact your client to make the appointment

Referring Veterinarian:

Name: _____
Clinic: _____
Street: _____
City: _____ State: _____ ZIP: _____
Ph: (____) _____ Fax: (____) _____
Email: _____
Preferred method (Fax/Email) to send report: _____
rDVM after office hours cell number (if you would like to be consulted immediately following consult): (____) _____

Client:

Name: _____
Clinic: _____
Street: _____
City: _____ State: _____ ZIP: _____
Daytime Phone: (____) _____
Cell Phone: (____) _____
Email: _____
Has been a client at the AESC before: YES NO

Animal:

Name: _____ Sex: _____ DOB: _____ Weight: _____ Species/Breed: _____
Medication Allergies: _____
Current Medications: _____

Modality: Ultrasound Echocardiogram

Requested scan: _____

All patients should be NPO (no food) for 12 hours and no water for 3 hours prior to exam

Reason for test (sign, symptom, or complaint): _____

Previous diagnostics performed and results (please fax or email results to the above address) : _____

Previous Surgeries on the area of interest? : YES NO _____

Fine needle aspiration for cytology is often recommended as an adjunctive diagnostic procedure.

Perform aspiration if indicated YES NO If yes, please discuss with client before appointment.

Special or Post scan instructions: _____

SEDATION:

Sedation is not routinely given unless the patient becomes aggressive or cannot be immobilized safely to perform the exam. Each case will be evaluated on an individual basis. Blood work performed within 2 weeks is required before sedation can be administered. Client consent is required before sedation can be administered.

Please indicate any contraindications for sedation _____

Referring Veterinarian Signature: _____ Date: _____