Phoenix Veterinary Internal Medicine Services
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PROCEDURE REQUEST FORM

Owner:_____Patient:_____Date:_____
Last First

Breed_____Color_____Weight_____Age_____ ☐M ☐F ☐M/C ☐F/S

Veterinarian:_____Hospital/Clinic:_____

Procedure(s) Requested:

Consultation: ☐Case/Record ☐Radiographs ☐Other Procedure_____
Ultrasound: ☐Cardiac/Thoracic ☐Abdomen ☐Other ☐with aspirate/biopsy
Endoscopy: ☐Upper GI ☐Lower GI ☐Nasal ☐Bronchi ☐Other

Vitals: Time_____ T_____ P_____ R_____ CRT_____ mm color_____

Pertinent History: _____
_____
_____
_____
_____

Please fill in the above information

Anesthesia/sedation consisted of:_____B.P:_____mm Hg
Post Anesthesia: Procedure _____ Status _____Time_____ T____P____ R_____CRT_____ mm color_____
_____
_____
_____
_____
_____

Additional Procedures Performed:
1. _____2._____

Assessment/Tentative Diagnoses:
1._____
2._____

Recommendations:_____
_____
_____
_____
_____
_____
_____
_____

Consultation: _____
Ultrasound: _____
Endoscopy:_____
Procedure: _____
Other:_____
Travel: _____
Total:_____
Paid:_____
Check #:_____
Balance:_____

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