



Phoenix Veterinary Internal Medicine Services

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Clinic Name: Referring Veterinarian:
Owner Name: Owner phone Patient
Name: Species:

Breed: Age:
Color: Sex: M F M/C F/S

Weight: Temp Pulse Resp CRT MM
 Please record current weight, and TPR on the day of the appointment

Procedure(s) Requested:
Consultation Case/Record Radiograph Interpretation Other Procedure
Ultrasound Cardiac/Thoracic Abdomen Other With aspirate/ biopsy
Endoscopy Upper GI Lower GI Nasal Bronchi Other

Please ensure all pertinent lab results and radiographs are attached

What is the primary reason(s) you are seeking the requested procedure?

Is the patient currently on any medication (including heartworm prevention and flea control)?

Yes No

If yes, what medication(s):

Type Strength Frequency Last Given

1.
2.
3.
4.
5.