



Phoenix Veterinary Internal Medicine Services

10645 N Tatum Blvd

Suite 200-527

Phoenix, Arizona, 85028

Ph: 602-953-9541

Fax: 602-953-4713

Email: info@pvims.com

Clinic: _____ Referring Veterinarian: _____

Owner name: _____ Owner phone: _____

Patient: _____ Species: _____ Breed: _____

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

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 forwarded 24-48 hours prior to appointment

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): Please list type, strength, frequency, and last given:

