



**Email:** drscott@ncveterinaryradiology.com  
**Website:** ncveterinaryradiology.com

**Mail:** 180 Freshwater Lane Mooresville, NC 28117  
**Phone:** 407 766-8746  
**Fax:** 704 360 2115

## Ultrasound Request Form

Thank you for giving us the opportunity to care for your patient.

### Client Information

Owner: Last name \_\_\_\_\_ First \_\_\_\_\_

### Patient Information

Name \_\_\_\_\_ Canine \_\_\_ Feline\_\_\_

Breed \_\_\_\_\_ Birth date \_\_\_\_\_

Presenting complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referring Veterinarian Information

Name \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Scott Tidwell, DVM, DACVR

MVDIT 180 Freshwater Lane, Mooresville, NC 28117

Phone 407-766-8746

email: [satdacvr@vdit.com](mailto:satdacvr@vdit.com)