



LIGHTHOUSE

R A D I O L O G Y

Clinic Name _____

Clinic Address _____

Requesting Veterinarian _____

Phone _____ Fax _____

Email _____

Preferred report delivery (circle): Fax Email

Patient Name _____ Owner _____

Species _____ Breed _____

Age _____ Weight _____ Sex (circle): M M/N F F/S

Exam Date _____ Was patient anesthetized/sedated (circle)? Y N

Pertinent History (attach additional pages as needed):

Area of interest or presumptive diagnosis: