GULF COAST VETERINARY SPECIALISTS
TELEMEDICINE

Radiology Case History Form

1111 West Loop South Suite 120
Houston , TX 77027

Date Images Obtained:_____ **STAT:** ☐

Clinic Information

Requesting doctor_____

Hospital name_____

Hospital address _____

Phone _____Fax_____Email_____

Patient Information

Patient's Name_____ Owner's Name_____

Species_____ Breed _____ DOB_____ Wt.(lbs)_____

Female ☐ Female Spayed ☐ Male ☐ Male Neutered ☐

Sedation/Anesthesia Used_____ Contrast given (if any) _____

Pertinent History, Chief Complaint

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