



CARDIOLOGY CONSULTATION FORM

STEP 1: **Completely** fill out information below

STEP 2: **Fax** this sheet with Vetronics ECG Diagnostic report to (765)742-6699

Or E-mail to: vetronics_consult@basinc.com

STEP 3: Please send **Black and White** Non-Smoothed Tracings (No Color Reports or Diagnostic Details)
M-F, 8am-5pm EST

Pets Name: _____ DOB: _____

Owners Name: _____ Today's Date: _____

Clinic: _____ Prior Consult Date: _____

Phone: _____ Attending Veterinarian: _____

Fax: _____ Best Time To Call: _____

Recheck: Yes No Is Case?: Geriatric ____ Pre-Surgery ____ Routine ____ Trauma ____

Primary Complaint (Brief)

History (Brief)

Physical Exam Findings (Brief)

Radiographic Findings (Brief)

CBC, Biochemistry, Urinalysis Results (Brief)

Medications Administered (Brief)

Misc.
