



ANIMAL MEDICAL CENTER OF PLAINFIELD

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Abdominal Ultrasound Check-in Form

- ✓ Contact name and phone number while patient is in our care:
 - ✗ Name: _____ Phone #: _____
- ✓ If your pet is a referral patient, what Veterinarian are we sending results to?
 - ✗ Name: _____ Email: _____
- ✓ Time and date of last meal or treats: at _____ am / pm on _____
- ✓ To obtain the best images possible, some patients may require light sedation.
 - I authorize my pet to be sedated if needed. (Additional cost, estimate provided)
 - ✗ Signature: _____ Date: _____

In the event CPR (Cardiopulmonary Resuscitation) is needed, please select one of the following:

- _____ CPR (added cost \$931)
- _____ DNR (No resuscitation efforts)

Ultrasound Exam Details

- You will be called when your pet is ready to be picked up.
- Most exams are back from the radiologist in 2-4 business days.
- For Priority (same-day) results, there is an additional fee of \$135.
 - How would you like the exam submitted? Normal or STAT
- I am aware that my pet's abdomen (belly) will be shaved for this procedure: _____

Technician Notes:

Weight _____# T P R CRT MM

Meds given: _____

Charges invoiced: _____ Owner called by: _____@_____am/pm