UTCVM CARDIOLOGY SERVICE

Cardiology Consultation Form

(THIS IS NOT A REFERRAL FORM)

If this is an emergency, please contact the emergency service at 865-974-8387.

Response to your consult request may take up to 72 business hours

EMAIL: <u>vetcardiology@utk.edu</u>

Do you just need an estimate? If so, please contact the referral coordinators at 865-974-3939 or <u>utvetref@utk.edu</u>

DATE SENT:		# OF PAGES SENT:		
Veterinarian:		Clinic Name:		
Fax:	Phone:	Email:		
Owner(name):		Animal (name):		
		Sex: 🗆 M 🗖 M/C 🗖 F 🗖 F/S Weight:		
Breed:	Age/DOB:	Rabies Vacc. Date:	 	
Diagnosis (attach biopsy a	nd/or cytology reports):			
Request:	nagement advice			
Pertinent History (dates):				
Is there a murmur, gallop	or irregular rhythm preser	nt? □ YES □ NO		
If yes, describe the findin	gs:			
		rformed and attach the results: (Please do not submit entire medical	l recora	
☐ CBC ☐ Biochemis	try 🔲 Thoracic Radiog	raphs (date):		
☐ ECG (date):		-		
Current drug therapy (Do	sage in mg/kg and freque	ncy):		

Continue to next page



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Current cardiac drug therapy (Dosage in mg/kg and frequency):							
Question	ns you would like addressed:						

This information is privileged medical advice and should not be shared directly with the client. It is solely for UT CVM Cardiology service to review and provide possible treatment options of the above named animal (patient) based on the information provided. A reply is sent to the veterinarian of record within 3 BUSINESS days from receipt of the form. This form does not constitute a veterinarian/Client/ Patient relationship with the UT CVM Veterinary Medical Center. We are unable to communicate with the client directly. Supervision of said animal remains the responsibility of the treating clinician. The said treatment recommendations and price estimates provided by provided by the UT CVM Cardiology Service are subject to change.

The UT CVM Cardiology Service should not be used as a replacement for a telehealth consulting service. The service asks that they not be used to interpret diagnostic tests that have already been reviewed by another professional service or telehealth company.

This form should not be used to request a sooner appointment for your patient.

