

# Cardiology Northwest

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## Cardiology Consultation Request Form

Requesting Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

Requesting Hospital \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient Name \_\_\_\_\_ Client Name \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

What consult(s) are you requesting? [ ] Electrocardiogram (\$50) [ ] Radiograph (\$50) [ ] Echocardiogram (\$50) [ ] **STAT (\$30)**

Physical examination findings: Heart rate: \_\_\_\_\_ Respiratory rate: \_\_\_\_\_ [ ] Dyspnea [ ] Cough [ ] Fluid retention

[ ] Murmur, grade \_\_\_\_\_/6 location \_\_\_\_\_ [ ] Gallop [ ] Abnormal lung sounds \_\_\_\_\_

Pulses: [ ] Normal [ ] Abnormal \_\_\_\_\_ [ ] Other \_\_\_\_\_

Please provide a brief clinical history, including pertinent lab work and diagnostic tests, treatment and response. [ ] Copies attached

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**\*\*\*\* Please leave blank, this is for Cardiology Northwest use only! \*\*\*\***

### Consultation Results