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“Collaboration for Compassionate Care through World-Class Medicine”

Telemedicine Consult

Requesting Veterinarian _____ Date _____

Requesting Hospital _____

Phone _____ Fax _____

Patient Name _____ Owner Name _____

Species _____ Breed _____ Sex _____ Age _____ Weight _____

Consult for: ECG (\$75) Radiograph (\$75) Echocardiogram (\$100) Holter (\$100) **STAT (additional \$30)**

- Below, please provide a brief clinical history. Include pertinent lab work and any diagnostic tests with your fax.
- E-mail radiographs to info@heartvet.com or geedub@heartvet.com **specifying that they are for a consultation.**
- If you have not received a response within 48 hours please contact our office at 503-246-9689.

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

Consultation Results: