

FRACTURE ESTIMATE REQUEST

Date of request: _____

rDVM: _____ rDVM Office: _____

Best way to reply or ask questions? _____ Phone number: _____

Patient Name: _____ BREED: _____ AGE: _____ GENDER: M/F, N/S

Body Weight: _____

Client Name: _____

CAUSE & DATE OF INJURY: _____

FRACTURES: RIGHT or LEFT. Bone/Joint: _____

Open or closed: _____

Wounds present: _____

Bandage or splint applied? _____

FRACTURES: RIGHT or LEFT. Bone/Joint: _____

Open or closed: _____

Wounds present: _____

OTHER INJURIES: _____

Other Medical Problems? _____

If HBC or unknown major trauma then Thoracic radiographs needed before surgery. Bloodwork recommended.

Can the pet urinate? If not, bladder evaluation? _____

Can the pet walk on 3 legs? _____

Neurologic evaluation? Pain sensation present in digits? _____

If pelvic fractures- Anal tone? Tail movements and sensation? Sensation in digits (showing pain response when pinched), withdrawal reflexes present? Movement in hindlimbs? Able to control bladder and bowels? _____

Please email radiographs of each fracture (2 views of each bone fractured) plus any other radiographs (thorax or pelvis), and bloodwork.