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Referral Form for Outpatient Ultrasounds

This form is only appropriate for STABLE patients who can wait for ultrasound (often 2-4 weeks); the results will be emailed or faxed to you for discussion with the client – Dr. Shults will not review the results with the owner. If they need an emergent ultrasound, please call the hospital and speak with an ER doctor for case transfer and ultrasound availability.

Date: _____

Referring Veterinarian Information

Name _____ Hospital _____

Email _____ Phone _____

Client Information

Name _____ Address _____

Email _____ Phone _____

Patient Information

Name _____ Age / Date of Birth _____

Breed _____ Color _____ Gender _____

Temperament Notes _____ Weight _____

Outpatient Ultrasound Procedure Information

Patient History and Supporting Information (please send history/bloodwork/xrays) _____

_____

_____

Working Diagnosis _____

Rule Outs _____

_____

PLEASE NOTE*

Clients will incur additional costs if the pet requires sedation. Please prepare your client for the possibility of a physical exam and sedation fees. A physical exam will be required before we can sedate any patient. An estimate will be presented to client at time of the procedure. If you know the patient will need sedation, let us know so that time can be appropriately allotted.