Animal Imaging
visibly better

**FAX THIS ORDER TO: 972.869.9916**

WE HIGHLY RECOMMEND THAT YOU SUBMIT ALL RELEVANT MEDICAL RECORDS AND LAB WORK SO WE CAN BE PREPARED FOR EACH CASE.

# ULTRASOUND REFERRAL FORM – SMALL ANIMAL

**If referring this case on an emergency basis, please fax the referral form and contact our office directly.**

Patient Name*: Age*: Gender*:

Patient Weight*: Breed*: Date of Request*:

Owner's Name*: Phone*:

Owner's Address*: City*: State*: Zip*:

Other Authorized Party/Relationship: Phone:

Referring Veterinarian*: Phone*:

Clinic Name*:

Address*:

Email*: Fax*:

**Please send any radiographs taken at your clinic for your client's appointment.**

Radiographs*: ☐ Sent digitally ☐ Sent with client ☐ None taken

**Please check exam you are prescribing for this patient*.**

☐ Abdominal

☐ Fine needle aspirates
*(Results of current CBC required prior to appt.)*

☐ Thoracocentesis

☐ Non-cardiac thorax

☐ Pericardiocenteses

☐ Echocardiography (includes Doppler)

☐ Abdominocentesis

☐ Abdomen & Echocardiography

☐ Tissue core biopsy
*(Results of platelet count, PT & PTT required prior to appt)*

☐ Specialty (Ocular, Brain, Thyroid, Pregnancy, etc.)

Specific area of interest*:

Case summary and working diagnosis*:

Symptoms/clinical signs*:

Previous surgery*? ☐ Yes ☐ No

Other comments:

Additional exam you are prescribing*:

Veterinarian's signature*:

**Required field.*

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