



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.

Form fields for Patient Name, Age, Gender, Weight, Breed, Date of Request, Owner's Name, Phone, Address, City, State, Zip, Other Authorized Party, Referring Veterinarian, Clinic Name, and Email.

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

Radiographs* checkbox options: Sent digitally, Sent with client, None taken

Please check exam you are prescribing for this patient*.

- Abdominal, Non-cardiac thorax, Echocardiography, Abdomen & Echocardiography, Specialty, Fine needle aspirates, Thoracocentesis, Pericardiocentesis, Abdominocentesis

Form fields for Specific area of interest, Case summary and working diagnosis, Symptoms/clinical signs, Previous surgery, Other comments, and Additional exam you are prescribing.

Veterinarian's signature* Required field.