



## ULTRASOUND (ONLY) REQUEST FORM

*This is a drop-off option for stable (non-urgent) patients, and does not include performing aspirates or meeting with the owners.*

**APPOINTMENT STATUS:** Owner/Our Facility to call \_\_\_\_\_ Scheduled for: \_\_\_\_\_ Other: \_\_\_\_\_

Primary care veterinarian: _____	Your hospital: _____	
Your phone: _____	Your fax: _____	Date: _____
Client name: _____	Client phone: _____	
Patient name _____	Signalment (age, sex, breed): _____	

### VETERINARIANS PLEASE COMPLETE THE FOLLOWING AND INITIAL AT BOTTOM

**Type of Ultrasound Requested:** \_\_\_\_\_ **ABDOMINAL \$335.00** \_\_\_\_\_ **ECHOCARDIOGRAM \$293.00**

Chief reason for ultrasound referral: \_\_\_\_\_

Brief history: \_\_\_\_\_

Current medications & dosages: \_\_\_\_\_

Additional information: \_\_\_\_\_

### Doctor, please initial the following:

- \_\_\_\_\_ The owner DECLINES consultation with veterinary internist
- \_\_\_\_\_ Diagnostic benefits and risks have been explained to the owner (aspirations of lesions not available)
- \_\_\_\_\_ This patient is stable enough to be unsupervised and does not require hospitalization. (Because there will not be consultation time, the patient may be required to remain for the day).
- \_\_\_\_\_ To my knowledge, the patient does not carry an infectious disease.

Please send to (email) **FrontDesk.scvim@gmail.com** or (fax) **719.960-2541**. We appreciate your assistance and look forward to partnering with you on this case!