

## Outpatient Ultrasound Referral Form

### Referral Partner Information:

Referring Veterinarian: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Final Report Communication Preference:

Fax :(\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

### Patient Information:

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Canine  Feline Breed: \_\_\_\_\_

Sex:  M  MN  F  FS Age: \_\_\_\_\_

Radiographs submitted:  Yes  No

└ Digital:  Sent to DICOM Server  CD

└ Analog:  Mailed in  Sent with owner

### Referral Practice:

MedVet Chicago

MedVet Columbus

MedVet Indianapolis

MedVet Cincinnati

MedVet Dayton

MedVet Toledo

### Study Information:

Study Type:  Abdomen  Thorax  Neck  Other: \_\_\_\_\_

Reason for Referral/Primary Complaint:

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Clinical Exam/Pertinent Labwork Findings/Working Diagnosis:

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Specific Questions to be Addressed:

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The radiologist will contact the referral partner following the ultrasound exam to review the results. If there are any questions prior to the appointment dates, please contact the radiology department.

**Our locations:****Chicago - Main Campus**

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[radiology.columbus@medvetforpets.com](mailto:radiology.columbus@medvetforpets.com)

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