

DERMATOLOGY
DIAGNOSTIC IMAGING
INTERNAL MEDICINE
ONCOLOGY
ORTHOPAEDIC SURGERY
REPRODUCTION
SOFT TISSUE SURGERY

Queensland Veterinary Specialists

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Outpatient Ultrasound Referral Form

DATE _____ APPOINTMENT DATE (IF KNOWN) _____

VET CLINIC _____

VETERINARIAN NAME _____

CLIENT NAME _____

PATIENT NAME _____

SPECIES _____ BREED _____ AGE _____ SEX _____

REGION TO BE EXAMINED ABDOMEN THORAX (NON-CARDIAC)

OTHER (PLEASE SPECIFY) _____

IS PATIENT ABLE TO BE SEDATED? YES NO

PREFERRED SEDATION ACP/TORBUGESIC ACP/METHADONE NO PREFERENCE

OTHER (PLEASE SPECIFY) _____

REASON FOR REFERRAL _____

Notes for Referring Veterinarians—

Please send copies of all important lab work and any radiographs with the patient.

If possible, the animal should not be fed for 8 hours prior to an abdominal ultrasound examination.

The ultrasound will be performed by the internal medicine clinician on duty.

Following the examination, we will phone you to discuss the results and a copy of the final ultrasound report will be faxed or emailed to you within 24 hours.

The cost of the ultrasound will be directly billed to the client.

Please explain to the client that the pet will be shaved.