

# Referral Form for Jordan Veterinary Hospital Outpatient Ultrasound

Date: \_\_\_\_\_

## Referring Hospital Information

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

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address  
to send ultrasound report: \_\_\_\_\_

## Client Information

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Patient Information

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

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Temperament: \_\_\_\_\_

## Ultrasound

Primary concern for Ultrasound: \_\_\_\_\_

Sedation Approval \_\_\_\_\_ Yes \_\_\_\_\_ No, why \_\_\_\_\_

Select Ultrasound Service \_\_\_\_\_ Routine (up to 72 hours) \_\_\_\_\_ Stat (within 24 hours)

\_\_\_\_\_ Full Abdomen \_\_\_\_\_ Soft Tissue Cervical \_\_\_\_\_ Recheck

\_\_\_\_\_ Pregnancy Check

## **Please Attach**

\_\_\_\_\_ Medical Records \_\_\_\_\_ Labwork (required) \_\_\_\_\_ Rabies Vaccine History

\_\_\_\_\_ Radiographs to be reviewed w/Ultrasound (additional fee)

**Reminder - Ultrasound results will be returned to referring veterinarian for consult with owner.  
Jordan Veterinary Hospital will not communicate results to owners.**