



VETERINARY SPECIALISTS
Outpatient Ultrasound Referral Form

Referring Veterinarian Information

Referring Clinic/Hospital: _____ Veterinarian: _____

Client & Patient Information

Client Name (Full): _____ Contact: _____

Patient Name: _____ Species: _____ Breed: _____ Age: _____ Weight: _____

Sex: _____ Sterilized: Y N

Presenting problem / Tentative diagnosis

Case history / Physical examination findings summary

Current treatment (s) (including medications and dosages)

Please state any concerns regarding sedation

Previous Imaging data (check where applicable) Radiograph(s) Previous Ultrasound Images/Report

Study (check where applicable):

Ultrasound: Abdomen Other (describe): _____

Ultrasound Region(s) of Interest:

Urinary Bladder Kidneys Ureters Liver GB Spleen Gastrointestinal

The ultrasound report will be emailed to the referring veterinarian 24-48 hours after completion of study.

Signature

email address

Date

Co. Reg. No. 201129108M

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