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## Outpatient Ultrasound / Echocardiogram Referral Form

Referring Veterinarian: \_\_\_\_\_ Client Name: \_\_\_\_\_  
Clinic / Hospital: \_\_\_\_\_ Client Contact No: \_\_\_\_\_  
Clinic Email: \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_ Sex: ☐ M ☐ F Sterilised: ☐ Y ☐ N  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

### Study (Please check where applicable)

- ☐ Ultrasound ☐ Abdomen ☐ Ocular  
☐ Neck ☐ Thoracic  
☐ Musculoskeletal ☐ Others: \_\_\_\_\_  
☐ Echocardiogram

### Presenting problem / Tentative diagnosis

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Clinical question(s) / Region of interest

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Case history / Physical examination findings summary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Current treatment(s) (including medications and dosages)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Y*	N	
Any concerns regarding sedation? (ultrasound only)	<input type="checkbox"/>	<input type="checkbox"/>	*If yes, please specify: _____
Has prior imaging been done?	<input type="checkbox"/>	<input type="checkbox"/>	*If yes, please attach results
Has patient history been sent to hx@lvs.com.sg?	<input type="checkbox"/>	<input type="checkbox"/>	
The client has been duly informed that depending on the patient's presenting condition, additional procedures and associated costs may be incurred.	<input type="checkbox"/>	<input type="checkbox"/>	

Reports will be sent via email to the referring veterinarian within 48 hours from completion of the study.  
Thank you for your kind referral 🐾

\_\_\_\_\_  
Signature / Date