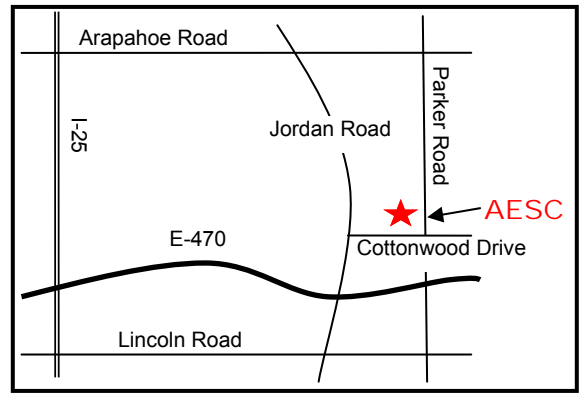




# ANIMAL EMERGENCY & SPECIALTY CENTER

## Ultrasound Referral Form

17701 Cottonwood Drive · Parker, CO 80134  
 Phone: (720) 842-5050 · Fax: (720) 842-5060  
 ~ Please call or fax form to schedule an appointment ~



Referred to Dr. _____	Referred by Dr. _____
Referring Hospital _____	
Address _____	
Phone (    ) _____	Fax (    ) _____
How would you like to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> US Mail	
Name of Client _____	
Address of Client _____	
Home Phone (    ) _____	Business Phone (    ) _____
Patient's Name _____	
Species _____	Breed _____
Sex: <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC	Age _____
Reason for ultrasound _____	
Were radiographs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please send with owner.	
Was labwork completed? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please fax or send with owner.	
Is there a behavioral or medical reason that would make sedation necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a biopsy requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the client need a consultation with the Internal Medicine specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If surgery and/or post operative care is required, would you prefer the patient be transferred back to your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Let client decide	
Further treatment, requests or comments _____	

**Dear Client: Please bring this form and any radiographs and labs with you to Animal Emergency & Specialty Center. Please drop your pet off at our facility prior to 8:30 AM. We will call your regular doctor with the test results when the ultrasound has been completed, and call you to setup a discharge time.**

**Please do not feed your pet the morning of the procedure; water does not need to be withheld.**

Fees are payable in full at the time of release. Payment may be made by cash, check, credit card, or Care Credit.