



Central Nova Animal Hospital LTD



29 Main Street, Truro, NS B2N 4G5
Phone: (902) 893-4331
Fax 897-4442
www.centralnovavet.com

Referral Form for Ultrasonic Imaging Dr. Troye McPherson, DVM

At this time, we are only taking referrals for abdominal ultrasounds. Further ultrasounds will be offered in the near future.

Date: _____

Referring Clinic and Veterinarian: _____

Referring Clinic Phone Number: _____
Referring Clinic Email: _____

Referral Information on Patient:

Owner: _____
Address: _____
Phone: Home: () _____ Business: () _____ Cell () _____

Pet Name: _____
Breed: _____
Birth Date: _____ Age: _____
Sex: M / F Neutered: Yes / No
Colour: _____
Weight: _____
Last Immunization: _____

Clinical History:

Exam Findings:

Laboratory Findings (attach additional paperwork as necessary):

Current therapy:

Have you:

- | | | |
|--|-----|----|
| • Explained to the owner that the doctor will not be speaking to the client? | Yes | No |
| • Discussed that the animal may be sedated for the ultrasound? | Yes | No |
| • Explained to the owner that the animal's abdomen/chest will be shaved? | Yes | No |
| • Given the owner an estimate for the procedure? | Yes | No |

Do you want the images sent for a boarded specialists interpretation and if so have you quoted the owner for that? Yes No

If you are booking for a **liver biopsy**, please ensure that clotting factors have been performed and are included with the referral. Please ensure owner is aware that the animal will be sedated for a biopsy and there are additional costs/risks involved. Dr. McPherson reserves the right to decline performing a biopsy if she deems the risk outweighs the value.

Payment in full will be required upon discharge.

Completed reports will be sent only to referring veterinarian.

Please send completed referral form by email to cnahlab@centralnovavet.com

Thank you for your referral.