

Central Nova Animal Hospital LTD



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www.centralnovavet.com

Referral Form for Ultrasonic Imaging

Dr. Troye McPherson, DVM

At this time, we are taking referrals for abdominal and cardiac ultrasounds.

| Date: | | <u> </u> |
|----------------------------------------------------------------|---------------------------------|----------------------------------------------------------------|
| Referring Clir | nic and Veteriarian: | |
| Please indicat | e the type of service: | Abdominal Cardiac Abdominal and Cardiac Other — please specity |
| Referring Clir Referring Clir | nic Phone Number: nic Email: | |
| Owner: | mation on Patient: | |
| Phone: Home | ::() | Business: () Cell () |
| Pet Name: Breed: Birth Date: Sex: Colour: Weight: Last Immuniz | M / F Neute | Age: red: Yes / No |
| Clinical Histo | ry: | |
| | | |
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| Exam Findings: | | |
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| Laboratory Findings (attach additional paperwork as necessary): | | |
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| | | |
| 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 | e you c | uoted |
| 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.