

VCA Animal Specialty Group

Out-patient Ultrasound Referral Form

Referring Hospital: _____ Referring Veterinarian: _____
Phone number: _____ Fax: _____ Email: _____
Preferred method of contact: _____

Client/Patient Information:

Owner's Name _____ Phone Number: _____
Address _____

Pet's Name _____ Species Dog/Cat _____ Breed _____ Sex _____
Spayed/Neutered _____ DOB _____ Color _____ Wt. _____

History: Please provide as much detail as possible. The scan will NOT be performed if not completed _____

Please choose the following Ultrasound Study:

☐ **Abdominal: \$717.60**

- Radiology Consult \$86.55
- Sedation if needed \$69
- FNA if needed \$196.70 (samples are returned to RDVM for submission)

☐ **Neck/Thyroid/Parathyroid: \$361.80**

- Requires sedation \$69

Out-Patient Ultrasound:

Imaging for a stable patient not in need of emergent medical attention and for whom follow-up care will be performed through the RDVM. (if patient does not meet this criteria, please call our ER to send patient for a medical transfer and disregard this form.)

*Please note: Clients should expect that their pet will be in our hospital for approximately 2-4 hours for the ultrasound and up to 6 hours if sedated. All pets need to arrive fasted. Please let the client know that we will be shaving the pet's abdomen for the ultrasound. Referring veterinarians will receive a call from the radiologist to discuss ultrasound results and recommendations immediately after ultrasound is performed. If referring veterinarian is not available, ultrasound results will be emailed. **It is the responsibility of the referring veterinarian to report the findings of the ultrasound to the owner.**

We appreciate your referrals

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5610 Kearny Mesa Road, Suite B, San Diego CA 92111 P 858-560-8006 F 310-442-4548

Ultrasounds will not be performed without referral form and a recent history

ASG use:

Dr. Wilson reviewed: _____ Appt made: _____ Notes: _____

