

LVSES



LOUISVILLE VETERINARY SPECIALTY &

EMERGENCY SERVICES

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Outpatient Diagnostic Imaging Referral Form

Date: _____

Date of Imaging Appointment (if known): _____

Please indicate (required information):

Outpatient Imaging Request Only
(no treatment or work-up)

Internal Medicine Consult Please
(Treatment & Workup as appropriate for current problem)

Ultrasound (location): _____

Computed Tomography (location): _____

Magnetic Resonance Imaging (location): _____

Digital Radiographs (location): _____

Echocardiogram

Referring Veterinarian Name: _____

Hospital Name: _____

Client Name: _____

Home Phone: _____ Cell Phone: _____

Patients Name: _____ Species: _____

Breed: _____ Sex: _____

Contraindications for sedation and/or anesthesia? _____

Reason for referral: _____

Notes for Referring Veterinarians:

- Please send copies of all important labwork and any radiographs already taken with the patient.
- Please call to make special arrangements for unusual examinations.
- If possible animals should not be fed for 12 hours prior to an abdominal ultrasound appointment.
- Every effort will be made to schedule the soonest possible appointment and you may expect a phone call the same day and a faxed copy of the imaging report within 24 hours.
- **Please explain to owners that their pet will be shaved for echos and ultrasounds.**
- In the event that the patient arrives at LVSES in an unstable condition or requiring diagnostics before the imaging procedure can be performed, the patient will be assessed and stabilized by the emergency service prior to performing the imaging study.

Providing State-of-the-Art Medicine with a Caring Touch