



**ULTRASOUND REFERRAL**

Referring DVM \_\_\_\_\_

Clients Name \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_

Patient's Name \_\_\_\_\_

Phone # \_\_\_\_\_

DOB \_\_\_\_\_ Breed \_\_\_\_\_

Fax # \_\_\_\_\_

Sex:  M  F Neutered:  Y  N

- Please fax referral form prior to appointment (630-307-8195).
- Please send all relevant laboratory results, records and radiographs with the owner.
- All radiographs will be returned with owner or by mail.
- Please be assured we will treat your patient as a referral only!
- **Thank you for your confidence in referring your patient to our hospital!**

Reason for Referral: \_\_\_\_\_

Pertinent medical history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent laboratory tests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Previous therapy and medications:

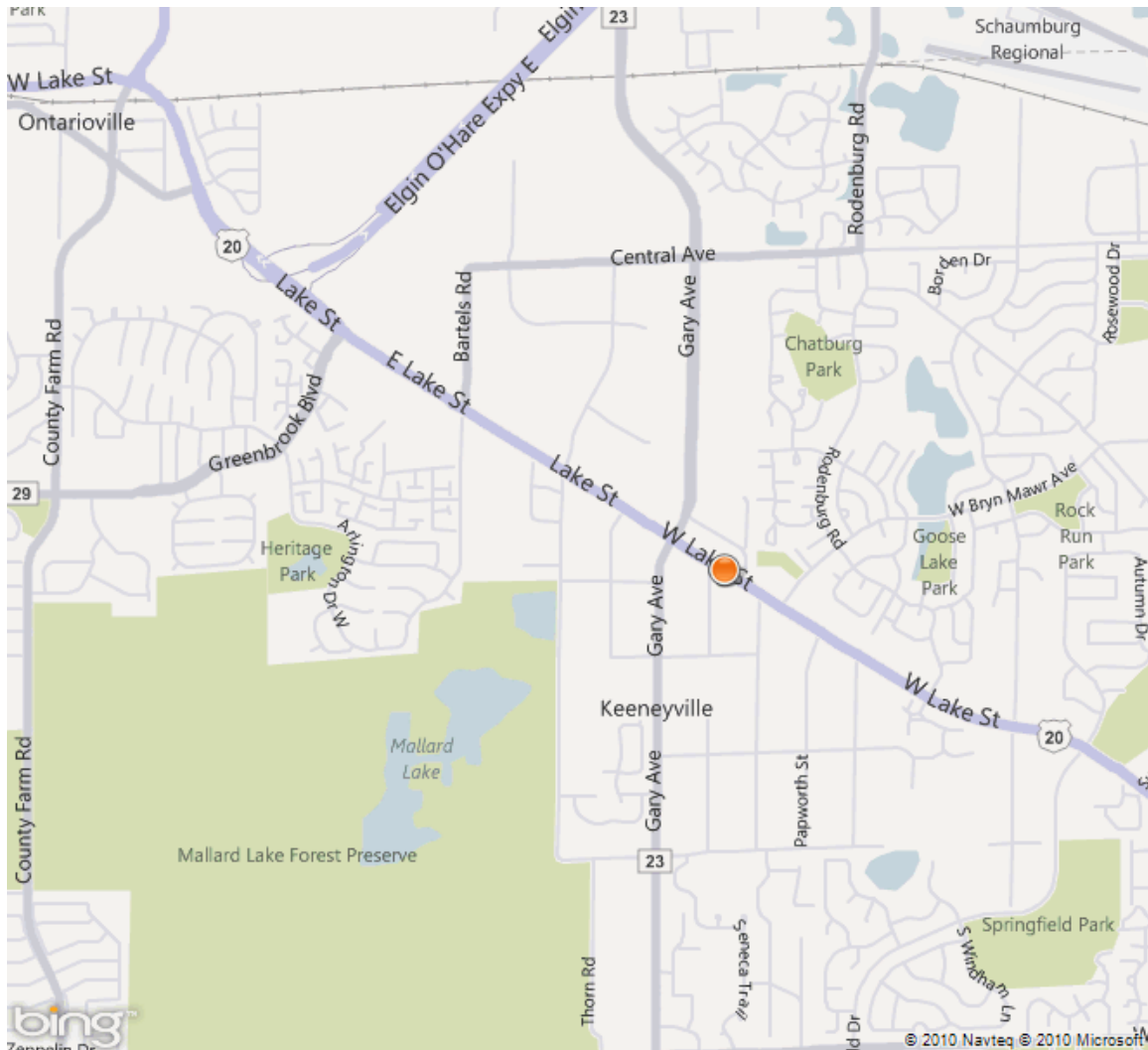
Drug	Dose	Date(s)	Duration of Tx	Response
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# Lake Street Animal Hospital

Phone Number: 630-894-6220

## Directions:

We are located in the **Corner Stone Plaza** on the North East corner of Lake Street and Gary Avenue in Roselle.  
We are next to the Tilted Kilt Pub and Eatery.



### From the South:

Gary Avenue North to Lake Street (Rt. 20) turn right; to Colby Commerce Dr. (entrance to shopping plaza) turn left.

### From the North:

Elgin O'hare Expressway West; exit Gary Avenue South to Lake Street (Rt. 20) turn left; to Colby Commerce Dr. (entrance to shopping plaza) turn left.

### From the West:

Lake Street (Rt. 20) East; to Colby Commerce Dr. (entrance to shopping plaza) turn left.

### From the East:

Lake Street (Rt. 20) West; to Colby Commerce Dr. (entrance to shopping plaza) turn right.

OR

Elgin O'hare Expressway West; exit Gary Avenue South to Lake Street (Rt. 20) turn left; to Colby Commerce Dr. (entrance to shopping plaza) turn left.