



FULL CASE Transfer Ultrasound Referral

Full Case Transfer: This will include a referral exam, follow up report and medical/surgical management with Dr. Irene Mul.

Date: _____

Client/Patient Information

Owner: _____

Address: _____

Cell/Ph #: _____

Email: _____

Pet name: _____ Species: _____

DOB: _____ Sex: _____

Spay/Neutered: _____

Breed: _____ Wt: _____

Referring Veterinarian Information

Hospital: _____

Veterinarian: _____

Phone: _____

Email: _____
(please indicate preferred contact method)

Status:
Urgent Non Urgent Emergency

Core Vaccine Status: (DA2PP and Rabies)
Current Unknown

History

(please include records, presenting complaints, previous and current medical therapies and duration of problem)

Required Oral Sedation Prescription: Trazodone 6-8 mg/kg and Gabapentin 10-20 mg/kg to be given by mouth the evening prior to the ultrasound, and again, 12 hours later and approximately 3 hours prior to the appointment.

Oral Sedation Sent Home	yes <input type="checkbox"/>	
Bloodwork done?	yes <input type="checkbox"/>	no <input type="checkbox"/>
X-rays? (Please attach)	yes <input type="checkbox"/>	no <input type="checkbox"/>