

OUTPATIENT ULTRASOUND REQUEST FORM

HILLSBOROUGH

RedBank VETERINARY HOSPITALS™

Patients may benefit from or require sedation for ultrasound or sampling procedures. If you have deemed this patient safe for sedation and have pre-approved this with the owner, please mark which medications you pre-approved for administration. We disclose that as an outpatient service, without pre-approvals, we cannot guarantee services can be provided, should sedation be necessary.

Please mark pre-approved sedation: _____ Yes _____ No

Opioids _____ Benzodiazepines _____ Acepromazine _____ Dexmedetomidine _____ Alfaxalone _____ Ketamine _____ ASIS _____

Referring Veterinarian: _____ Owner Name: _____

Hospital Name: _____ Owner Phone: _____

Phone: _____ Owner Address: _____

Email: _____ Patient Name: _____

Species: _____

Sex: M F MC FS

Preferred Communication (check one)

EMAIL FAX PHONE _____

History and Clinical Signs/Problem List: _____

Current Medication: _____

Previous Complications: _____

Medical Records (please check all that apply):

CBC/Chem Urinalysis/Culture Radiographs Other

Reason for Ultrasound: _____

Type of Study ordered/requested (please check all that apply): Full abdominal ultrasound Limited/focused organ system (and which organ system)

Thoracic/mediastinal

Echocardiogram

Bicavitary ultrasound

Other

Pre-approval for FNA/aspirates as indicated/recommended: YES or NO

Patient Disposition, any sedation pre-approved, any preferred protocol: _____

Pertinent diagnostics, lab work, radiograph findings: _____

Does this patient have any special medical needs or medications that will need to be monitored or administered during the Ultrasound Day Stay? (Diabetes, kidney failure, heart failure, etc)? YES: _____ NO: _____

Results will be forwarded to your office during the same business day.

Outpatient ultrasounds and recommendations can be evaluated and discussed through the Emergency Department at the time of the visit (ER consultation fee may apply \$215.00).

Please e-mail completed forms to HBMedicalrecords@rbvh.net or fax to (908) 359-6586.

Thank you for your continued trust in Red Bank Veterinary Hospital Hillsborough!
We look forward to our collaboration!