

# 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 \$230.00).

Please e-mail completed forms to [HBMedicalrecords@rbvh.net](mailto: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!**