



# VETERINARY

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## EMERGENCY CARE

6910 Carpenter Fire Station Road  
Cary NC 27519  
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CaryERVet.com  
staff@caryervet.com

### Referral Form – Outpatient Ultrasound

This form is only appropriate for STABLE patients who can wait for ultrasound (often 2-4 weeks); the results will be emailed or faxed to you for discussion with the client – Dr. Shults will not review the results with the owner. If they need an ultrasound emergently, please call the hospital and speak with an ER doctor for case transfer and ultrasound availability.

Date: \_\_\_\_\_

#### Referring Veterinarian Information

Name \_\_\_\_\_ Hospital \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

#### Client Information

Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

#### Patient Information

Name \_\_\_\_\_ Age / Date of Birth \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Gender \_\_\_\_\_

Temperament Notes \_\_\_\_\_ Weight \_\_\_\_\_

#### Outpatient Ultrasound Procedure Information

Patient History and Supporting Information (please send history/bloodwork/xrays) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Working Diagnosis \_\_\_\_\_

Rule Outs \_\_\_\_\_

\_\_\_\_\_

#### **\*\*PLEASE NOTE\*\***

*Client will incur additional costs if the pet requires sedation. Please prepare your client for the possibility of a physical exam and sedation fees. A physical exam will be required before we can sedate any patient. An estimate will be presented to client at time of the procedure. If you know the patient will need sedation, let us know so that time can be appropriately allotted.*