

# Outpatient Ultrasound Referral Form



**bluepearl**<sup>TM</sup>  
specialty + emergency  
pet hospital  
BluePearlVet.com

Please include: 1. Original radiograph; 2. Copies of all pertinent lab results and; 3. Copies of pertinent medical records. Thank you for your referral.

Today's date \_\_\_\_\_

You will receive both imaging and medical consultation reports. Please ensure your client understands that an outpatient ultrasound-only referral does not include client consultation.

## Primary veterinarian information

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

Hospital address \_\_\_\_\_

Preferred method of communication (please mark) and best time to contact: \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_ Email address \_\_\_\_\_

## Client and patient information

Owner name \_\_\_\_\_ Owner phone number \_\_\_\_\_

Owner address \_\_\_\_\_

Pet's name \_\_\_\_\_ Date of birth or age \_\_\_\_\_

Canine Female Spayed Weight \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_

Feline Male Neutered Current on vaccinations? Yes No

## Clinical concerns and actions

Presenting problem \_\_\_\_\_

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

List any specific imaging questions \_\_\_\_\_

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

History/pertinent findings (PE, labs, imaging)/treatment \_\_\_\_\_

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

**AUTHORIZATION:** I have reviewed and completed this form for submission to BluePearl Specialty + Emergency Pet Hospital for the care of my patient. I understand that BluePearl veterinarians and team will follow my specific treatment and evaluation directives unless patient condition changes. Once patient is transferred to BluePearl, BluePearl has authority to use their best judgment in determining appropriate course of treatment for my patient.

Signature \_\_\_\_\_ Date \_\_\_\_\_