



PSM Outpatient Ultrasound Referral

Form Please include (1) original radiograph and (2) copies of all pertinent laboratory results (3) Copy of pertinent medical record. Thank you for your referral.

Outpatient ultrasound consults consist of imaging and appropriate cytologic sampling completed without anesthesia or sedation. 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

rDVM Information				Date:
Referring Doctor:				Phone:
Hospital Name:				Fax:
Hospital Address:				Best Time To Call:
Best Method of Contact: Phone Fax Email				Email Address:

Client Information				
Owner Name:				
Owner Address:				
Pet's Name:		Species: Canine Feline		
Breed:		Birthdate (Best estimate):		Weight:
Current on vaccinations: Yes No		Spayed/Neutered: Yes No		Sex: Male Female

Clinical Concerns & Actions
Presenting problem:
List any specific imaging questions:
History / Pertinent Findings (PE, Labs, Imaging) / Treatment:

I have reviewed and completed this form for submission to Pet Specialists of Monterey for the care of my patient. I understand that PSM doctors and staff will follow my specific treatment and evaluation directives unless patient condition changes. Once patient is transferred to PSM, PSM has authority to use their best judgment in determining appropriate course of treatment for my patient.

Signature	Date:
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