



Dr. Kristen Rogers
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Ultrasound Referral Form

All patients being referred for ultrasound must have this form completed by the referring veterinarian before they are able to be scheduled for an ultrasound.

Referring Veterinarian Information

Name of Referring Veterinarian: _____

Clinic Name: _____

Clinic E-mail: _____ Phone Number: _____

Client Information

Client Name: _____

Best Phone Number: _____

Patient Information

Patient Name: _____ Species: _____

Weight (lbs.): _____ Breed: _____

Age: _____ Sex (Spayed or Neutered): _____

Medical Information

Ultrasound Requested:

Abdominal Urogenital Pregnancy Specific Organ: _____

Please confirm that you have notified the owner of the following details pertaining to their animal's ultrasound: Animals must be fasted for 12 hours prior to the procedure, Animal will have its abdomen shaved for the procedure, Animal may be sedated for the procedure *

I have read and agree.

If you, the referring veterinarian, feel that sedation will be necessary, please note the reason and any sedation concerns/drug preferences for this patient below.

Reason for Referral:

Pertinent Medical History: (Please attach necessary BW/Radiographs/Exam Notes)

Results of past laboratory diagnostics:

What questions would you like answered with this ultrasound?:

***The client has been notified that the results will be sent to the referring veterinarian within 24 hours, and unless urgent, will not be discussed with them at the time of the appointment. ***