

Outpatient Ultrasound Referral Form



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This outpatient ultrasound service is an extension of your practice. The referring doctor is responsible for communicating the ultrasound findings to their client. The ultrasound report will be emailed to the address provided below. Please communicate to the owner that sedation may be required for the ultrasound to obtain the best study.

Date of Referral:

Client Information:

Owner's Name (required)

First:

Last:

Phone

Email

Animal Information

 (required)

Pet Name

Date of Birth

Species

☐ Canine ☐ Feline ☐ Other

Breed

Patient Weight**Sex**

- ☐ Male Castrated ☐ Female Spayed
☐ Male Intact ☐ Female Intact

Study Type (required)

e.g. Abdomen, Echocardiogram, Thoracic (non-echo), Neck, Musculoskeletal:

Patient Temperament**Current Rabies Vaccination**

- ☐ Yes ☐ No

Reason for Referral (required)

Please include any pertinent physical exam findings:

Salient Blood Work Abnormalities (required)**Specific Questions Regarding Ultrasound Imaging**

Please email all recent blood work, pertinent prior radiographs, diagnostic imaging reports, and medical records to schraganimalclinic@sbcglobal.net.

Referring Veterinarian

Name

Referring Clinic

Email

Phone

