






info@elvh.ca | 250.658.5922   
4975 Patricia Bay Highway   
Victoria BC V8Y 1S6 

## Ultrasound Referral Form

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### Referral Type:

- Next Available
  - Priority Appointment (within the week)
  - Urgent - Within 24 Hours (rDVM to call ELVH directly after submitting referral form - note that emergency call-in fee may apply)
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Client Name (First and Last):

Client Phone Number:

Client Email:

Client Street Address:

Client City:

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Patient Name:

Date of Birth:

Species:

Current Weight (kg):

Breed:

Temperament:

Sex:

- Friendly
- Timid
- Aggressive (muzzle required)
- Other \_\_\_\_\_

**Does the patient have any known adverse reactions to medications?**

**Does the patient have any known cardiac issues?**

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**Referring Clinic:**

**Referring Veterinarian:**

**Veterinarian/Clinic Email:**

**Veterinarian/Clinic Phone Number:**

**Preferred Communication Method:**

- Phone
  - Email
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**Ultrasound study requested:**

- Abdomen
- Pregnancy
- Focal (see below)

**If focal ultrasound requested, please specify location:**

**Additional requests:**

- Radiographs
- FNA
- Biopsy
- Abdominocentesis
- No additional requests

**Provide a brief synopsis of the case:**

**Current medical diagnosis:**

**Current medications and supplements:**

**Any other pertinent case information:**

**At the discretion of Dr. Randall Warnock, additional diagnostics (such as radiographs) if not requested above may be warranted. In the case of additional diagnostics:**

- Please go ahead (with client approval) with any diagnostics appropriate to the patient's case.
- Please make any additional diagnostic recommendations by first contacting the referring DVM.
- This referral is for the requested diagnostics only; any other recommendations will be made by the referring DVM.

**It is important to us that you feel confident in your referral to Elk Lake Veterinary Hospital for this procedure. If you have a previous sedation protocol that has worked well for this patient, please let us know - while we cannot guarantee we will use the same protocol, this insight will help ensure that we provide the safest care possible for your patient.**

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**Please attach any and all medical records and diagnostics pertinent to the case.**