



SITARA ANIMAL HOSPITAL

Teresa Jacobson, B.Sc., DVM & Associates
101-2611 Stillwater Way, Lake Country, B.C. V4V 2R3
778-480-6274 Fax: 778-480-6473

Ultrasound Referral

Darcy Rae, DVM

Diplomate of the American Board of Veterinary Practitioners (Canine & Feline)

Date: ___/___/20___ Pages: ___/___

Referring Clinic: _____; Veterinarian: _____

Referring Clinic Phone # _____; Email _____

Referring Clinic Fax# _____

Unless the ultrasound is an emergency Dr. Darcy Rae needs to have the patient fasted for at least 12 hours prior to the ultrasound examination.

Radiographs sent: y / n Blood work sent: y / n Copy of record faxed: y / n

Client Name: _____ Patient: _____

Address: _____ Species: _____ Sex: M (N) / F (S)

_____ Breed: _____ Age: _____

Telephone: Hm: _____ Wk: _____ Cell: _____

Presenting Complaint: _____

Ultrasound: Abdomen / Bladder / Cardiac / Pregnancy / Tendons / Other: _____

History:

Please send any lab work or relevant information with this referral.

Radiographs coming via: Owner _____ Courier _____ Email_____