

Ultrasound Request Form (non-cardiac)

Please ensure your owners fast* all patients for 12 hours prior to the ultrasound appointment and mention the entire area needing the ultrasound will be shaved.
(*no food, but water is allowed in moderate amounts up to time of admission)

Date: _____

Owner's name: _____ Owner's best contact number _____

Patient's Name: _____ Breed: _____ Current wt _____ lbs/kg

Patient Age: _____ Sex: _____ Spayed/Neutered (circle one)

Clinician/rDVM: _____ Practice: _____

Phone # where rDVM can be reached after the exam, and fax # to send report:

*Please note your client will not be given the results by Alpenglow staff unless a consultation with one of the specialists is also performed. It will be the responsibility of rDVM to relay results to the client.

Option #1: _____ Option #2: _____ Fax #: _____

Ultrasound Type (circle one): ABDOMINAL THORACIC OTHER _____

Who are you requesting to perform the ultrasound (circle one):

1)First available 2)Internist 3)Radiologist*

*Radiologists are from separate travel companies. Currently, they are available for scheduled appointments on Monday, Wednesday, and Friday mornings. In order to schedule an appointment with them we need this form completed and full medical records received at our clinic first.

Patient History Summary, must be filled out (please also fax/email full medical records):

Bloodwork Results/Abnormalities (please also fax/email all bloodwork):

Radiographs Yes No If yes, sent by (circle one): email with owner(disk/hard film)

Previous Ultrasound? Yes No If yes, please include a copy of previous report

Are you requesting an Outpatient* ultrasound? _____

*outpatient means no doctor/patient relationship is established, no PEX or consultation is done, we are just performing the diagnostic test for you.

Are you also requesting a consultation with an internal medicine specialist or surgeon?

Yes No (circle one): IM Specialist or Surgeon

Is the patient stable* _____ Does the patient require sedation* _____

*For a patient to receive an outpatient ultrasound they must be in stable condition. Unstable patients or patients requiring sedation will need to see a specialist to have the ultrasound performed to establish patient/doctor relationship in order to give medications. Additional fees will apply.

*Please call Monday through Friday 8am to 5pm to schedule ultrasound appointments.

