

Please print this document, complete and fax to the hospital.

## VETERINARY SPECIALISTS OF ROCHESTER

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www.vetspecialistsofrochester.com

### REFERRAL INFORMATION FORM

**Date of Referral:** \_\_\_\_\_ (Please Check One)

- Cardiology    Critical Care    Medicine    Neurology    Ophthalmology    Surgery  
 AnimalMRI (below + section C)    ECG Consult    Radiograph Consult    Ultrasound (below + section D)

**Referring Veterinarian Data:**

Dr. \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Additional letter/information attached or sent with client?**    YES    NO

**\*Please attach or send copies of lab work and other tests results performed within past 2 weeks.**

**Section A:) Client Information:**

Owner's name \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Regular client at your hospital?    YES    NO   If not, who is the regular vet? \_\_\_\_\_

**Patient Information:**

Name \_\_\_\_\_ Species \_\_\_\_\_ Gender    Male    Male Neutered    Female    Female

Spayed

Breed \_\_\_\_\_ Date of birth \_\_\_\_\_ Color/Markings \_\_\_\_\_

Vaccinations: Date of last Distemper \_\_\_\_\_ FELV \_\_\_\_\_ HWT \_\_\_\_\_ Rabies \_\_\_\_\_

**Section B:) Significant Past Medical History/ Problems:**

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**Current Problem:**

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**Tentative Diagnosis Given to Client:**

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**Medications:** (please list all current drugs and dosages; indicate special diet needs)

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**Section C:) AnimalMRI:**

**Area to be scanned:**  Abdomen  Brain  Chest  Extremities  Sinus

Vascular Studies  C-Spine  L-Spine  T-Spine

**Current History and Reason for MRI Scan:**

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Are you aware of any implant devices in this patient (e.g., pacemaker, orthopedic implants, etc.)?  NO  YES

If YES, Please describe: \_\_\_\_\_ (ID microchips are OK)

Do you require **STAT** results (<24 hour turnaround time)?  NO  YES

Best means to contact you: \_\_\_\_\_

**Section D:) Outpatient Ultrasound:** This service is intended for stable outpatient examinations.

You will receive a written faxed report of the ultrasound findings within 24-48 hours.

**Area to be examined:**  Abdomen  Neck/Thyroid  Thorax (non-cardiac)  Other

\_\_\_\_ **Other procedures requested:**

*Please note additional procedures will be performed at the discretion of the radiologist, for example cystocentesis is contraindicated if a bladder mass is present. Additional procedures will only be performed with owner permission.*

Diagnostic Centesis

Fine needle aspirate

Cystocentesis

***Ultrasound guided biopsies will not be performed for outpatient examinations. Consider referral to Internal Medicine for these cases.***

Please communicate the following with client prior to appointment:

- Risk and cost to perform additional procedures
- Follow-up plan: will you be calling the client upon receipt of report or would you like them to schedule a recheck with you to review results?
- Please explain that the pet will be shaved and the importance of following instructions for fasting.
- In the event that the patient arrives at Veterinary Specialists in an unstable condition, the patient will be assessed and stabilized by the emergency service prior to an ultrasound examination.

**Thank You for Your Referral!**