

VCA Advanced Veterinary Care Center

Specialty & Emergency

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Abdominal Ultrasound Referral Form

Date _____

Referring Doctor: _____ Phone: _____

Hospital Name: _____ Phone: _____ Fax: _____

Hospital Address: _____

Owner's Name: _____ Phone: _____

Address: _____

Pet's Name: _____ Breed: _____

Age: _____ Weight: _____ Disposition: _____

Presenting Problem: _____

History: _____

Organs of Concern: _____

Treatment Medication: _____

Diagnostic Tests Performed: _____

(Blood test results and radiographs must be attached)

I would like a CD of the study

Owner's Signature _____ Doctor's Signature _____

This referral form is for Abdominal Ultrasound procedures only. The only thing included in this price is the Abdominal Ultrasound and the doctor interpretation which will be faxed directly to your family veterinarian. If you would like to speak to a doctor there will be an additional fee for a consultation with one of our specialists. If any additional procedures need to be performed, additional fees will incur. No procedures will be done without notifying you and your doctor for approval. Please list an emergency contact in the event we need to contact you for approval of additional procedures. This is a unique service that is only offered through your veterinarian as a courtesy to help manage your pet's care. A written report will be faxed to your regular veterinarian after the ultrasound. Imagery cannot be faxed.

Please email this form back to avccla@vca.com.

For front Office Use: Invoice Fax Phone Call

