



Diagnostic Imaging Department
350 S. Huntington Ave., Boston, Ma 02130
Phone (617) 541-5139 Fax (617) 989-1617

OUTPATIENT ULTRASOUND REFERRAL

Please fill out and fax this form to 617-989-1617 before calling to schedule an appointment. (To be completed by referring doctor/hospital)

Referring Veterinary Hospital:
Contact Doctor
Phone Fax Email
Report will be faxed unless otherwise indicated.

Client name Patient name
Client address
Client Phone Patient DOB
Patient- Species Breed Sex Color
Date of most recent rabies vaccination 1yr 3yr
(Patient must be up to date on rabies vaccine)

What is presenting complaint/reason for this ultrasound?

What are your differential diagnoses?

Abnormal diagnostic results at your clinic

Please list significant past medical history

Please make client aware that patient's abdomen will be shaved.
Please send recent/pertinent labwork and radiographs by fax or with the client.
Please inform client to fast pet the day of the exam (they may still offer water).

Please make sure you have read and understand the guidelines and procedure details before faxing this form to 617-989-1617

As a service to our referring veterinarians Angell-Boston offers outpatient abdominal ultrasound exams via direct appointment with the Imaging Department.

Guidelines for referral:

1. Non-critical patients only; those in need of urgent medical, surgical, or emergency care should be referred to one of those services directly.
2. This service does not offer fine needle aspirates or sedation. If either sedation or aspirates are indicated for this exam the client should make an appointment through our Internal Medicine service at 617-541-5186 (Boston location).
3. Please fill out and fax the attached form to **617-989-1617**. Once we receive the fax we will contact the client to schedule an appointment. If the client prefers to call us at their convenience please indicate this on the form. If you prefer, you may make the appointment for your client by calling: **617-541-5139**.
4. Please encourage the client to read the Client Information Handout (<https://www.mspca.org/wp-content/uploads/2016/09/Outpatient-Ultrasound-Client-Information-Sheet-revised-9-13-16.pdf>)

Procedure details:

Please discuss the following points with your client prior to their arrival.

1. Patient should be fasted to allow for optimal evaluation of the cranial abdomen.
2. The pet's abdomen will be shaved and a complete ultrasound performed.
3. Should the ultrasound exam results warrant urgent intervention, at your discretion and in consultation with the client, you should prepare the client for possible admission to the hospital via the emergency service. We can facilitate this process if required. Additional fees will be incurred.
4. Radiologist will communicate findings to your office via fax. You can share the report with the client at that time.
5. Clients will be encouraged to direct follow up questions to you, their primary care doctor of record. The radiologist does not typically speak to the client at the completion of the study.
6. Client will be escorted to the front desk for payment. The fee as of March 5, 2016 is \$425.00. Registration fee is \$11.00. Payment is expected at time of service.