

NEWCASTLE VETERINARY ULTRASOUND REFERRALS

YOUR DETAILS

DATE

Practice:	
Referring Veterinary Surgeon:	
Telephone Number:	Fax Number:
Email Address:	
Preferred Report Method:	E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/>

PATIENT DETAILS

Owners Name:	
Owners Contact Number(s):	
Owners Address:	
Patient Name:	
Species and Breed:	Weight:
Age/Date of Birth:	Sex: [circle] F FN M MN

REQUEST DETAILS

Abdominal US <input type="checkbox"/> Echo <input type="checkbox"/> Cardiac Work-up <input type="checkbox"/> ECG <input type="checkbox"/> Atropine Response Test <input type="checkbox"/>
History:
Working Clinical Diagnosis:
If a lesion is found are you happy for us to proceed directly with an FNA/Biopsy? Yes <input type="checkbox"/> No <input type="checkbox"/>
Further Comments:

Please fax to 02 49501073 or scan and e-mail to rossbarter@newcastleveterinaryultrasound.com.au
Enquiries phone 0429799856

ABN: 15 859 694 408