SOUTHERN NEW HAMPSHIRE
VETERINARY REFERRAL HOSPITAL

SNH

Phone: 603-782-8181
Fax: 603-782-8167
Email: info@snhvrh.com

Veterinarian Outpatient Ultrasound Request

IMPORTANT INFORMATION FOR VETERINARIANS:

- Our outpatient ultrasound service is designed to serve as an extension of your veterinary practice. Outpatient ultrasound results will be discussed with the referring veterinarian – **results will not be discussed with the client**. SNHVRH doctors will not examine, consult, or make treatment recommendations for outpatient ultrasound patients. *Any patients in need of a consultation by one of our specialists should be scheduled directly with one of our specialty services.* Imaging procedures for such cases will be performed at the discretion of the specialist overseeing the case.
- Patients should be fasted after 10pm the night before the scheduled ultrasound, whenever possible.
- Please include lab results and/or relevant diagnostic imaging with this form.
- Please inform client that the patient will be shaved for the procedure.
- **Outpatient ultrasound patients will not be given sedation** as a veterinarian does not directly oversee this procedure. If you anticipate that your patient may require sedation, options are to either schedule a full Internal Medicine consultation with one of our specialists or to dispense oral sedation to be given by the owner prior to arrival at SNHVRH. If the temperament of the patient is such that an ultrasound cannot be performed, then client will be asked to return another day with either a sedative on-board or as a full Internal Medicine consultation.

Client Name:

Pet Name:

Client Phone Number:

Referring Veterinarian:

Referring Hospital:

Phone Number:

Fax:

Email:

Preferred method (Fax/Email) to send report:

☐ Canine ☐ Feline ☐ Other_____ Breed: Age: Weight:

Sex: ☐ M ☐ MN ☐ F ☐ FS

PATIENT HISTORY (attach additional records as needed):	
PHYSICAL EXAMINATION:	
REASON FOR ULTRASOUND:	
CURRENT MEDICATIONS:	
LAST RABIES VACCINATION:	ALLERGIES/DRUG REACTIONS:

To schedule an outpatient ultrasound, please email this form and requested records to info@snhvrh.com or fax to 603-782-8167.