



SUBMISSION FORM FOR ULTRASONOGRAPHY

DATE OF SUBMISSION:

PLEASE COMPLETE AND FAX, POST OR EMAIL TO US WITH A COPY OF RECENT HISTORY AND LAB RESULTS FOR EVERY PATIENT REFERRED SOLELY FOR ULTRASOUND

FAX: 01425 480849 EMAIL: ADMIN@SCVETSPECIALISTS.CO.UK

<p><b>PRACTICE DETAILS</b></p> <p>VETERINARY SURGEON .....</p> <p>PRACTICE .....</p> <p>ADDRESS .....</p> <p>.....</p> <p>.....</p> <p>POSTCODE .....</p> <p>TEL .....</p> <p>FAX .....</p> <p>EMAIL .....</p>	<p><b>PATIENT DETAILS</b></p> <p>OWNER NAME .....</p> <p>OWNER ADDRESS .....</p> <p>.....</p> <p>POSTCODE .....</p> <p>TELEPHONE .....</p> <p>PET NAME .....</p> <p>SPECIES <input type="checkbox"/> CANINE BREED.....</p> <p><input type="checkbox"/> FELINE COLOUR.....</p> <p>WEIGHT.....</p> <p>AGE ..... SEX FE FN ME MN</p>
<p><b>AREA TO BE SCANNED</b></p> <p><input type="checkbox"/> THORAX (EXCLUDING HEART- FOR ECHOCARDIOGRAPHY PLEASE REFER TO THE CARDIOLOGY DEPARTMENT)</p> <p><input type="checkbox"/> FULL ABDOMINAL SCAN</p> <p><input type="checkbox"/> OTHER</p> <p>.....</p> <p>.....</p>	<p><b>RELEVANT CLINICAL HISTORY</b></p>
<p>AS THESE SCANS ARE PERFORMED ON A DAY PATIENT BASIS, THE PATIENT MUST BE CLINICALLY STABLE AND FIT TO TRAVEL.</p> <p>WE ARE UNABLE TO PERFORM INVASIVE PROCEDURES, SUCH AS BIOPSIES, WITHOUT A FULL REFERRAL CONSULTATION</p>	<p><b>SPECIFIC QUESTIONS TO BE ANSWERED BY THIS IMAGING STUDY</b></p>
<p>Internal use only:</p> <p>Imager seeing case: Manuel / Eduardo / Tim (please circle)</p> <p>Signed.....</p> <p>Suggested Date and Time of Appointment:</p> <p>.....</p>	