



11140 SW 68th Pkwy Tigard, OR 97223
503-684-1800
specialty@cascadevrc.com
www.cascadevrc.com

Outpatient Abdominal Ultrasound Referral Form

Veterinarian Information

Referring Veterinarian: _____

- Referring Veterinarian's working days to facilitate same day communication between Internist and Referring Vet: _____

Referring Clinic: _____

Referring Clinic Phone: _____

Referring Clinic Email: _____

Billing: ☐ Direct bill **client**

☐ Direct bill **clinic** *pre-authorization must be on file for this option
Please contact our Specialty Coordinator, Jennifer Frank
(jfrank@cascadevrc.com) to setup your clinic for direct billing

Date of form submission: _____

Client Information

Client Name: _____

Phone Number(s): _____

Email(s): _____

Patient Information

Patient's Name: _____

Species: ☐ Dog ☐ Cat Patient Age/Date of Birth: _____

Patient Sex: ☐ M ☐ MN ☐ F ☐ FS

Breed: _____

Sedation

We find that most patients benefit from PVPs, especially for outpatient ultrasounds. Please facilitate a prescription for your patient prior to their appointment, unless medically contraindicated. Thank you!

- Cats: Gabapentin 100mg, night before and morning of appointment
- Dogs: Gabapentin +/- Trazodone, night before and morning of appointment

Medical Information

Presenting Complaint: _____

Preliminary Diagnosis: _____

Referral Summary

-- Assessment and recommendations on your patient are based on clinical information provided. To best facilitate your patient's care, please provide a summary of pertinent patient history (e.g., clinical course, physical exam findings, etc.) including list of diagnostic tests and results, and response to treatments. ****Please note incomplete information may result in a service delay for your patient.***