

SPECIALITY SERVICES

CARDIOLOGY

John MacGregor, DVM
Diplomate ACVIM

DERMATOLOGY

Jill Abraham, VMD
Diplomate ACVD

INTERNAL MEDICINE

Karen Campbell, DVM
Diplomate ACVIM

Marion D. Haber, DVM
Diplomate ACVIM

Dianne E. Phillips, DVM
Diplomate ACVIM

Heidi L. White, DVM
Diplomate ACVIM

NEUROLOGY

Gena A. Silver, DVM, MS
Diplomate ACVIM

Mark T. Troxel, DVM
Diplomate ACVIM

OPHTHALMOLOGY

Nancy B. Cottrill, DVM, MS
Diplomate ACVO

Patrick Welch, DVM
Diplomate ACVO
Medical Director

RADIOLOGY

Jennifer O'Sullivan Brisson, DVM
Diplomate ACVR

Tonya C. Tromblee, DVM, MS
Diplomate ACVR

SURGERY

Lisa Corti, DVM, CCRP
Diplomate ACVS

Kechia M. Davis, DVM
Diplomate ACVS

Karen F. Pastor, DVM
Diplomate ACVS

Julie C. Zitz, DVM, MS
(Practice limited to Surgery)

EMERGENCY & CRITICAL CARE

Jennifer E. Waldrop, DVM
Diplomate ACVECC
Senior Veterinary Associate

Katrina Abell, DVM
Sarah E. Allen, DVM
Diplomate ACVECC

Carolyn Marquardt, DVM

Deborah Colley, DVM

Beth Eisenberg, DVM

Kathleen Kanjer Dalbec, DVM
Lisa Kiniry, DVM

Kathleen Kyle, DVM

Melissa Miele, VMD

Casey Ray, DVM

Suzanne I. Rován, DVM

Gaura Shah, DVM

Arnaldo Torres, DVM

Kate P. Wissel, DVM

ANCILLARY SERVICES

BEHAVIOR

PHYSICAL THERAPY & REHABILITATION

Timothy H. Smith, DVM
Diplomate ABVP
Regional Medical Director

Outpatient Imaging Referral Form

Please fax this completed form to 781.932.5837

Date: _____ Preferred Date of Imaging Appointment: _____

Patient Condition: Healthy Ill, but stable Unstable/Critical

Please indicate if you require: _____

Outpatient Ultrasound Only
No treatment or diagnostic work up to be performed.

Outpatient Ultrasound with Specialty Consultation
Diagnostic Ultrasound followed by consultation with appropriate specialty service as needed. (Emergency/Critical Care, Internal Medicine, Surgery)

Region to be examined: Abdomen Thorax (non-cardiac) Dual Cavity

Other: _____

Do you anticipate sedation will be required? Yes No

Are there known contraindications to sedation? Yes No

If so, please describe: _____

CLIENT INFORMATION: (please fill out on behalf of the client)

Client: _____ Patient: _____

DOB: _____ Gender: _____ Species: _____ Breed: _____

Phone: _____ E-mail: _____

Note: Please forward all pertinent medical record information including results of laboratory tests by fax or mail prior to the appointment. Radiographs may be mailed or sent electronically if appropriate. This allows our staff to review details of the case prior to the appointment and provide optimal patient care and client service.

Reason for Ultrasound /Current Problem: _____

Physical Exam Findings: _____

Diagnostics: (please attach test results)* _____

*Radiographs will be returned by mail unless otherwise specified by you. Please label your radiographs with your hospital name and address as well as the patient name and information.

REFERRING VETERINARIAN INFORMATION:

Note: In order to provide the best patient care, please provide contact information for the date and time of the outpatient ultrasound study so that our radiologist may contact you directly at the conclusion of the procedure.

Referring Veterinarian: _____

Hospital: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Contact Person for Day of Appt.: _____

Outpatient Imaging Notes for Referring Veterinarians

We value the trust you place in the doctors and staff at Mass Vet and our goal is to act as an extension of your hospital in as seamless a manner as possible.

Patient Stability; Some Things to Bear in Mind:

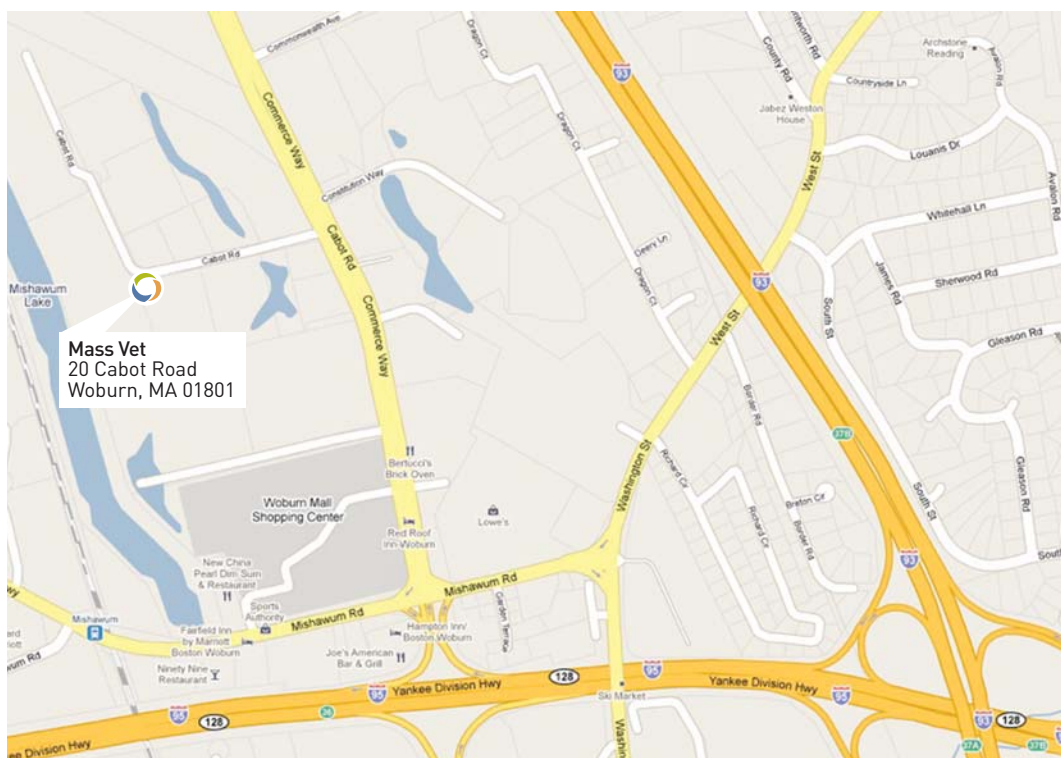
- When you request an ultrasound only appointment, we will do everything we can to honor this request.
- If a patient arrives for an imaging appointment and is considered to be too unstable for the study we will contact your hospital immediately before proceeding.
- If a patient arrives requiring immediate medical care, we will transfer the patient to the appropriate department to provide initial care and then contact your hospital with an update.

Radiologist Overview & Findings:

- Our radiologist will meet with the client after the study and provide a brief overview of the findings.
- For detailed review and further diagnostic and treatment recommendations, the client will be instructed to contact your hospital.

- Our radiologist will contact the referring veterinarian by phone at the conclusion of the study to discuss the findings. This will be followed by a full report that will be delivered by fax. If the primary veterinarian in charge of the case will not be available by phone for consultation, please list alternate contact information on the front of this form.
- Please explain to the client that the pet will be shaved for the study, and remind the owner to withhold food from their pet for 12 hours prior to their appointment. (Small amounts of water is okay.)

THANK YOU AGAIN FOR YOUR REFERRAL.



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TEL 781.932.5802
FAX 781.932.5837
www.IVGHospitals.com

HOSPITAL HOURS:

Emergency Services available
24 hours per day, 365 days per year.

Specialty Services: Mon-Sat

Surgery: 7 days/wk