

**BSVES Ultrasound Request Form**

Patient name: \_\_\_\_\_

Client name: \_\_\_\_\_

Name of Veterinarian referring case: \_\_\_\_\_

Presenting signs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnostic results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(please feel free to fax lab results prior to the ultrasound appointment)

Study requested: \_\_\_\_\_

Do you want the patient to be examined by a doctor, with treatment recommendations provided after the ultrasound?    Yes    No

If no, please tell owner they will not be seeing a doctor at this visit.

Would you like BSVES to pursue diagnostic that are indicated by the ultrasound exam?  
                  Yes            No            Call me first

Is there anything else you would like us to do while the patient is here? (labwork, other)