

REFERRAL TO:

DATE: ____/____/____

- Critical Care* Surgery Oncology Neurology Internal medicine
 Cardiology Emergency Physiotherapy Out-patient ultrasound only**
 Radiology***

* Critical Care: This is a specific referral to board-certified critical care specialist. If it is after hours, there will be a call-in fee.
** Echocardiograms will be performed through appointments with the Cardiology service. If you are requesting an echocardiogram, please mark the "Cardiology" box above.
*** If you are requesting radiograph interpretation for the first time, please call the radiology liaison at 604-514-8383 to set up easy radiograph transfer.

TYPE:

- Direct Transfer / Immediate **** Urgent (1-2 days) Next available appointment

****Please call 604-514-8383 when sending direct transfers

ESTIMATED TIME OF ARRIVAL IF SENDING IMMEDIATELY: _____

REFERRING VETERINARIAN

Referring Hospital _____
Veterinarian _____
Daytime Phone _____ After Hours Phone _____
Email _____ Fax _____
Preferred Method of Contact Phone Fax Email

CLIENT INFORMATION

First Name _____ Last Name _____
Street Address _____ City _____ Postal Code _____
Home Phone _____ Mobile Phone _____
Email _____

PATIENT INFORMATION

Name _____ Breed _____
Species _____ Birthdate ____/____/____
Sex M MN F FS Weight _____ lbs kg

REASON FOR REFERRAL *e.g. clinical history, PE findings, etc.*

PLEASE NOTE:

Please send all relevant records, lab results and diagnostic images. Once you have faxed your referral, please contact our office to confirm receipt.

PHONE: 604-514-8383

FAX: 604-427-2494

THE SECTION BELOW IS FOR OUTPATIENT ULTRASOUND ONLY

Outpatient Ultrasound & Sedation

Please note that ultrasounds and procedures may require sedation/anesthesia which may be performed, as necessary.

List any contraindications to sedation/anesthesia and/or adverse reactions to particular drugs:

Outpatient Ultrasounds & Bloodwork

Pre-anesthetic bloodwork may be required by the attending BBVSH clinician. Please include copies of recent bloodwork. If pre-anesthetic blood work has not been performed and/or if a coagulation panel is deemed appropriate for aspirates or biopsies, these may be performed by BBVSH prior to sedation/procedures.

Outpatient Ultrasounds & Admissions to BBVSH

If any ultrasound patient presents to the hospital in an unstable condition, admission to BBVSH for stabilization will be offered to the owner.

If the ultrasound finding indicate a condition that could be life threatening (e.g. ventricular tachycardia, hemo-abdomen etc.), a BBVSH clinician will attempt to reach you/your clinic to discuss immediate transfer back to your care vs admission to BBVSH. If we are unable to reach you, BBVSH will, with owner consent, take appropriate steps to treat the patient.

Outpatient Ultrasounds & Procedures

If you choose an ultrasound with no procedures, no procedures will be offered even if there is an indication based on the ultrasound findings. Results of the ultrasound will be forwarded to you so that you can discuss the findings with your client. Please contact your client to discuss the results once you have received them. If, after seeing the ultrasound report, you wish to request that an aspirate, biopsy, or centesis be performed, please contact the Imaging Liaison to arrange. In general, we do not recommend this option as it would necessitate a second appointment for procedures.

If you choose an ultrasound with procedures, BBVSH staff will explain the possible procedures and get client consent for procedures prior to the ultrasound. If the owner provides consent, appropriate procedures will be performed based on the ultrasound findings. Both the ultrasound report and the results of any additional diagnostics will be forwarded to you, Please contact your client to discuss the results once you have received them.

Please select type of ultrasound:

Note: For echocardiograms, please send the referral to the "Cardiology" service above.

- Abdominal Ultrasound only – no procedures
- Abdominal Ultrasound with procedures as indicated (aspirates, biopsies or centesis)
- Thoracic Cavity and Mediastinum only - no procedures; this is NOT for echocardiograms
- Thoracic Cavity and Mediastinum with procedures as indicated (aspirates, biopsies or centesis); this is NOT for echocardiograms
- Other area (eyes, shoulder, etc.) requested. Please indicate area below: _____

Note: We do not do partial abdominal ultrasounds. If you wish to have an ultrasound performed on any part of the abdomen, please checkbox for abdominal ultrasound or abdominal ultrasound with procedures.

PLEASE NOTE:

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