

Referral Information/Form

What is required from you?

Medical records with an accurate history that include previous bloodwork, primary presenting problem, medications, treatment, etc.

A referral is required for clients for this service. You, as a veterinarian, will receive the ultrasound interpretation from the Oncura Telemedicine Service. We are only the middleman and are not providing a second opinion or a diagnosis.

What is required from your client and information for your client---

- o This will be a scheduled drop-off appointment.
- o Pet must be fasted for 12 hours.
- o Do not allow urination prior to drop-off.
- o Sedation with anesthesia may be required.
- o An ultrasound certified veterinarian will be performing the ultrasound and will have continual monitoring by a trained technician and the consultation will be submitted to a board-certified specialist.

If your referral requires a treatment plan-please provide the medical record, bloodwork results and results of previous treatments.

Other services provided by AIS are radiograph consults, and can be combined with an ultrasound consultation, and they also have internal medicine consultations available in addition to the basic abdominal ultrasound.

Basic set up for a referral and what will happen within our setting:

Depending on pet and presenting conditions sedation and/or anesthesia may be necessary to get the best ultrasound images for review.

The pet will be examined prior to anesthesia by the veterinarian. The full abdominal ultrasound will have up to 70 images submitted, with the recommended measurements of organs as required by the specialists. This takes an hour of time for the ultrasound exam and then the specialist will review the images once finished.

If you would like an internal medicine consultation, it requires that bloodwork be submitted so Therapeutic recommendations can be made from a board-certified specialist.

We are in the process of training to enable us to include echocardiography.

Please submit records to info@lodivethospital.com; phone number 209/368/5166

Referral information needed:

Client name:

Client address:

Patient name: _____

Species of patient: _____

Breed of patient: _____

Age of patient: _____

Male/Female/Neuter/spay: _____
Presenting complaint:

Pertinent medical history:

Test results:

Current medications:

Previous surgery if applicable:
