

Date _____



REFERRAL FORM

PLEASE NOTE:

- The medical record and laboratory work should be faxed with the referral form to **404-974-2006**.
- Please send any radiographs and/or DICOM digital images on a CD/DVD with your client.
- You may transmit digital (DICOM) radiograph files via your PACS server directly to our PACS server. For help with PACS connectivity and file transfer, please contact Tommy Meers at 404-924-2000, ext.108.
- Please ensure that all images sent to SFVS are labeled with the patient name and hospital name. Please retain a copy of your CD/DVD discs. SFVS does not return CD/DVD discs to the referring veterinarian.

Referral Information

Referral For: Internal Medicine [] Surgery [] Radiology-Outpatient Ultrasound []

Radiographs: Yes [] No [] **PLEASE SEND RADIOGRAPHS WITH THE CLIENT**

Films [] CD/DVD-DICOM Format [] Digital images transmitted to our server -DICOM []
Vetpacs Code _____

Vaccination History/date _____ Lab Work: Yes [] No []
Dates lab performed and type _____

Referral Hospital Information

Veterinarian: _____ Clinic: _____
Phone#: _____ Fax#: _____
Email: _____

Client Information

Client name (last, first): _____ Email: _____
Phone #: _____ Cell Phone #: _____
Work Phone #: _____ Fax #: _____

Patient Information

Patient Name: _____ Has patient previously visited SFVS? []yes []no
Age _____ Sex/Neutered _____ Weight _____ Breed _____
Temperament Good _____ Difficult to restrain _____ Will bite _____ **Needs anesthesia/ sedation** _____

Reason for Referral

Date _____



Please complete the following (FOR OUTPATIENT ULTRASOUND REFERRALS ONLY)

Area/organ of interest _____

Chief complaint or working diagnosis _____

History _____

Physical Findings/Diagnostic tests performed _____

Treatments for current problem _____

Special imaging requests _____
