Cornell Hospital for Animals

Outpatient Ultrasound Request

Instructions:

Please complete and email this completed form along with any pertinent medical records to <u>cahopus@cornell.edu</u>. Our Client Experience Coordinators will confirm the appointment with you and our mutual client.

Date:				
Patient name:		Patient DOB:	Patient DOB:	
		Patient weight:		
Client name:		Client phone nur	Client phone number:	
				
Clinic name:		Clinic phone:		
rDVM name:		rDVM email:	rDVM email:	
Check the appropriate bo UA	CBC	Physical	Images	
Check the appropriate bo	x for the desired exam:			
Full Abdomen	Single Structure	Gastrointestinal		
Hepatobiliary	Urogenital	Liver Shunt		
*We do not perform out-	patient echocardiograp	hy, these can be sche	duled with our Cardiology Service.	

Brief History/Reason for Visit:

Please list any current medications the pet is on:

Cornell Hospital for Animals

Out-patient ultrasonography is performed in the Imaging Section. At this time, owners are not permitted in this area for safety and confidentiality concerns.

Patients that are unable to lay still on their back or side for up to 40 minutes cannot be examined. Cornell Imaging will not sedate patients for this procedure. If sedation is required and the referring veterinarian determines that it is safe, then some patients may be sedated prior to the visit.

We will not examine aggressive dogs or fractious cats.

Please have your clients fast the patient 10 hours prior to appointment, water and medications are ok to give. If medications require food, please utilize a small amount of food.

We prefer the pet to have a full urinary bladder at the time of the appointment.

Although every attempt to examine the patient at the scheduled time will be made, unexpected delays and emergencies may arise and delay appointments.

Thank you for your referral!

Questions? Call 607.253.3060 or cahopus@cornell.edu