



New England Animal Medical Center

595 W. Center Street
W. Bridgewater, MA 02379

Main: (508)584-1600 Emergency: (508)580-2515
Fax: (508)638-6299 email: medrecords@neamc.com

Ultrasound Referral Form

Please call ahead to determine availability

Referring Veterinarian: _____ Clinic Name: _____
Phone: _____ Fax: _____ Email: _____
Patient: _____ M F S N Age: _____ Species: _____ Breed: _____

Owner: _____ Address: _____
Town: _____ State: _____ Phone: _____

Signs/History: _____

Service Requested:

- **OP AUS appointments available on Tuesday and Friday only:** The owner will wait here at NEAMC to receive the US results and treatment plan from you, the referring veterinarian.

Which veterinarian should Dr. Glazer call with the results after the OP AUS is complete

Dr.: _____ Phone: _____

- **Day Case Ultrasound (ER exam fee will apply):** An ER doctor will meet with the client, examine and admit the pet, offer a plan for further diagnostics and treatment as necessary. After discharge, the treatment plan and US report will be faxed/mailed to you.

Abdominal Echocardiogram Bicavitary

Special Requests: _____

Please email records and imaging to medrecords@neamc.com
Please call our Referral Coordinator Lisa Tomlinson to facilitate your Ultrasound requests.