



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

www.neamc.com

Abdominal AUS/Echocardiogram Referral Form

Referring Veterinarian:

Doctors' Name: _____ Clinic Name: _____
Phone: _____ Fax: _____ Email: _____

Patient:

Pets' Name: _____ M F S N Age: _____ Species: _____ Breed: _____

Owner:

Name: _____ Address: _____
Town: _____ State: _____ Phone: _____

Signs/History:

Service Requested:

Outpatient Ultrasound appointments available on Tuesday and Friday only

- Full Abdominal
- Limited Ultrasound - Uro-genital (Bladder, Kidney & Prostate only), Cervical /Neck Ultrasound (Thyroid, Para-thyroid only), Pregnancy Check

The owner will wait to receive the ultrasound results and treatment plan from you, the referring veterinarian.

Which veterinarian should Dr. Glazer call with the results: _____ Tele: _____

Day Case Ultrasound/Echo and ER exam - An ER doctor will meet with the client, admit the pet and offer a plan for further diagnostics and treatment as necessary. We will fax the report to you upon discharge.

- Full Abdominal
- Echocardiogram
- Limited Ultrasound - Uro-genital (Bladder, Kidney & Prostate only), Cervical/Neck Ultrasound (Thyroid, Para-thyroid only), Pregnancy Check

Special Requests:

Please fax medical records to 508-638-6299 & e-mail imaging to E-mail: medrecords@neamc.com
Please call our Referral Coordinator Lisa Cardona to facilitate your Ultrasound requests.