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**OUTPATIENT ABDOMINAL ULTRASOUND
REFERRAL FORM**

Referring Veterinarian:

Name: _____
Clinic: _____
Phone: _____ Fax: _____

Patient:

Name: _____
Owner's Name: _____
Address: _____
Phone: _____
M F S N Age _____ Species _____ Breed: _____

Signs/History:

Service Requested:

- Ultrasound only - We will contact you with the results ASAP.
The owner will wait to discuss results and treatment plan with you, the referring veterinarian
- Ultrasound + Internal Medicine Consultation - An Internist will meet with the client
and offer a plan for further diagnostics and treatment as necessary.
We will contact you with the results ASAP. (An internal medicine exam charge applies.)
- Which veterinarian should we call with results: _____

Special Requests:

Please fax medical records to 508-638-6299 & e-mail imaging to medrecords@neamc.com
**Please feel free to call Dr. Glazer, Dr. Walters or Dr. Callahan at 508-584-1600
prior to the appointment to discuss the case.**