



595 West Center Street
West Bridgewater, MA 02379
Phone: 508-584-1600 Fax: 508-583-4220
Email: medrecords@neamc.com
www.neamc.com

Drop Off Day Case Ultrasound Referral Form
Please call ahead to determine availability-Service must be pre-arranged

Abdominal Echocardiogram Bicavitary

Please fax records to 508-583-4220 and email imaging to medrecords@neamc.com

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

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

Reason for Ultrasound request: _____

- **Drop Off Day Case Ultrasound:** A senior technician will triage the patient and it will be admitted for the day. When the Ultrasound is completed the report will be sent to you. As a reminder, we will not be discussing the results with the owner unless the findings warrant immediate intervention.
- If it is determined that the pet is **not stable** upon presentation, the patient will be admitted into the ICU to be stabilized. Our ER doctor will discuss the exam findings and treatment options with the owner. You will be kept informed of the pets' status.

Special Requests: _____

