



Internal Medicine Department

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Out-Patient Abdominal Ultrasound Consultation

This service is available Monday - Friday during department hours.
Please call in advance to schedule a procedure time.

Family Dr.: _____ Hospital: _____

Dr. Phone: _____ Dr. Fax: _____

Owner: _____ Owner # _____

Address: _____

Pet Name: _____ Species: _____

Breed: _____ Age: _____ Sex: F SF M NM

Clinical History: (physical exam findings, lab work, previous disease, current rx, etc.)

Please fax completed form or send with patient.

I am referring this patient for:

Outpatient U/S

Outpatient U/S with FNA

Upon arrival, veterinary personnel or the client will be greeted by the nurse. If the patient appears to be unstable or his/her condition is in question, the specialist will contact the referring veterinarian to discuss performing a full consultation or return to the primary hospital for further care.

Bill to: Hospital Client (payment is due at the time of service)

Phone: 303-874-2055 www.vrcc.com Fax: 303-874-3220