

# OUTPATIENT US



**PRIORITY:**

**Client's Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Precautions: \_\_\_\_\_

RDVM Clinic: \_\_\_\_\_ RDVM on the case: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROBLEMS/DIAGNOSTICS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send the referral form in prior to the patient's appointment.	Echocardiogram + ECG + Radiographs \$450.00	Abdominal Ultrasound \$350.00
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All services will be sent to a board-certified radiologist for their review.

All Radiologist reviews will go to the rDVM email on file.

Prior to any outpatient ultrasound, all chart notes and radiographs will have to be received by OVRA.

For expedited service, please attach and send all above diagnostics, including chart notes to:  
**xrays@ovra.com**

**ovra.com** | 541. 726.1100 | 215 Q Street Springfield, OR 97477