

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 *sedation may be needed for an additional charge.	Abdominal Ultrasound \$350.00 *Sedation may be needed for an additional charge
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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