**Birchwood Animal Hospital**
2595 Portage Avenue | Winnipeg, MB | R3J 0P5
www.birchwoodvet.com | birchwood@mymts.net

**(204) 832-1368 | Fax (204) 889-9708**

*This document is available for printing or online submission on our website*

## Ultrasound / Echocardiogram or Electrocardiogram Referral Information

The patient listed below has been scheduled for an ultrasound (echocardiogram) with Dr. Schott. Please have the referring veterinarian complete this form and fax it to Birchwood Animal Hospital at **(204) 889-9708.**
*A 12 hour fast can help reduce gas which will aid with cranial abdominal studies, please encourage it if this is the area of interest.*
Dr. Schott will telephone the referring veterinarian with the results on the same day if possible, and will fax a written report within 48 hours.

| REFERRING CLINIC: | VETERINARIAN: | Appt. Date/Time: |
|---|---|---|

CLIENT NAME: _____ PATIENT NAME: _____

SPECIES: _____ BREED: _____ AGE: _____ WEIGHT: _____

SUMMARY OF PERTINENT HISTORY AND CLINICAL FINDINGS:

WHAT QUESTIONS WOULD YOU LIKE ANSWERED?