



Outpatient Service Referral Form

Referring Veterinarian _____

Referring Practice _____

Client Name _____

Client Phone Number /s _____

Patient Name _____

Breed _____ Sex _____

Service Requested

Abdominal Ultrasound

Cardiac Ultrasound

ECG

Brief History (reason for requesting diagnostics)

I Dr _____ **give / do not give** (please circle the appropriate choice) permission for Brisbane Veterinary Specialist Centre to administer to my patient 0.2mg/kg Methone and 0.02mg/kg Acepromazine IV or SQ for the purpose of sedating the above described patient under my care for Ultrasound.

* If the patient cannot be sedated or an alternative is requested please detail in history section, some diagnostics do not require sedation.

Signature: _____