



Out-Patient Abdominal Ultrasound Request Form

Please submit this form to hflinchbaugh@mdaeh.com

Date:

Patient Name:

Breed:

Patient Age:

Sex: M/F Altered/Unaltered (circle one each)

Owner Name:

Referring Doctor:

Practice/Email:

Relevant patient history:

Bloodwork Abnormalities:

Radiograph Results:

Results are sent to specialists to be read and typically take 24-48 hours to return. Once results are received our doctors at MDAEH will call the owner to go over results. We will email a copy to your practice.