



CRITICAL CARE & EMERGENCY MEDICINE SERVICE

Ultrasonography, Endoscopy, Chemotherapy, Emergency, Internal Medicine, and Critical Care

Ann Arbor Animal Hospital

2150 W.Liberty, Ann Arbor, Mi, 48103

Ph: (734) 662-4474 Fax: (734) 662-4481 DVM Direct Line: (734) 930-2237

Email: CCER@annarboranimalhospital.com

Referring DVM/Hospital: _____

Address/City/State/Zip: _____

Preferred follow-up contact mode:

Phone: _____ Fax: _____ Email: _____

Client Name: _____ Phone #(s): _____

Client Address: _____

Patient Name: _____ Species: _____ Breed: _____

Color: _____ Sex: _____ Date of Birth: _____

Main Concern and/or Diagnosis:

Radiographs: Enclosed E-Mailed None Taken Please Return

Ultrasound: Enclosed E-Mailed None Taken Please Return

Laboratory: Enclosed E-Mailed None Taken Please Return

Please also fax or email a copy of the Patient's chart and any blood work that has been done along with this referral letter.

Please make sure that patient observes an 8 hour fast before ultrasound procedures. Please discourage urination for 1 hour before exam. Thank you!