

Outpatient Imaging Referral Form



Please complete this form and email to concord@sagecenters.com

Client Information:

Name: _____

Phone: _____ Email: _____

Patient Information: (please fill out on behalf of the client)

Patient Name: _____ DOB: _____ Weight (KGs): _____

Gender (FS/MN/MI/FI): _____ Species: _____ Breed: _____

For Ultrasound, please indicate region: Abdomen Thoracic (non-cardiac)
 Cervical Shoulder Calcaneal Tendon

For ultrasounds, is it safe for the patient to be prescribed oral sedation? If appropriate, please have it administered to the patient orally, 1-2 hours prior to the appointment time. Yes No

For fluoroscopy, please indicated study type: Swallow Study Airway Study Both

Please note: 3-view thoracic radiographs required with in 2 weeks of fluoroscopy. Images included in medical record
 Acquire at SAGE

Are there any known contraindications to sedation, oral or injectable? i.e. heart or lung disease, or a history of adverse drug reactions, etc. Yes No

Please note: No oral sedation needed/ allowed prior to fluoroscopy.

Are there any known allergies to medication and/or food? Yes No

Please list any currently prescribed medications: _____

If Yes to any questions above, please describe: _____

Reason for Ultrasound/Fluoroscopy: _____

Physical Exam Findings And Pertinent Diagnostic Results:

Note: Please forward all pertinent medical record information, including results of laboratory tests, by email prior to the appointment. Radiographs should be sent electronically. This allows our staff to review details of the case prior to the appointment and provide optimal patient care and client service.

For Fluoroscopic studies, 3-view thoracic radiographs are required within 2 weeks of the study. If unavailable or incomplete, radiographs will be acquired at the appointment at an additional cost to the client.

Referring Veterinarian Information: Please provide contact information so that our radiologist may contact you directly at the conclusion of the procedure.

Referring Veterinarian: _____

Hospital: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Outpatient Imaging Notes for Referring Veterinarians



We understand the trust that you place in our doctors and staff. Our goal is to be an extension of your hospital in as seamless a manner as possible.

Patient Stability: Some Things to Bear in Mind

- When you request an outpatient imaging appointment, we will do everything we can to honor this request.
- If a patient arrives requiring urgent/emergent medical care, the patient will be transferred to the appropriate department to provide initial care, and then contact your hospital with an update.

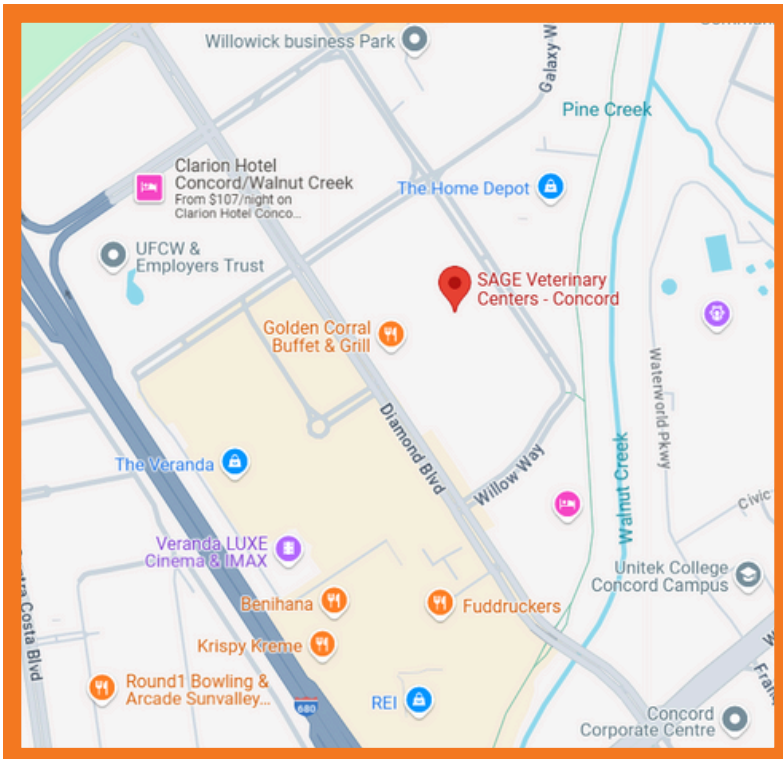
Price of Appointment (January 2026):

- Abdominal Ultrasound: \$860
- Cervical Ultrasound: \$365
- Musculoskeletal Ultrasound: \$860
- Fluoroscopic Swallow study: \$967
- Fluoroscopic Airway study: \$645
- 3-View Radiographs including written report: \$611

*If sedation is required, there will be an additional cost.

Radiologist Overview & Findings

- Our radiologist will send a finalized, written report same day, and will be available to discuss the results with the referring veterinarian.
- To honor your veterinarian-client-patient relationship, we will not communicate results with owners but will provide copies of medical records at the owner's request.
- Please advise your clients that their pets will be shaved for the ultrasound and to withhold food for 12 hours prior to their appointment. A small amount of water is okay.



THANK YOU AGAIN FOR YOUR REFERRAL



2055 Meridian Park Blvd.,
Concord, CA, 94520



(925) 627-7243



[https://www.sagecenters.com/
locations/concord](https://www.sagecenters.com/locations/concord)

HOSPITAL HOURS:

Emergency Services onsite with
anesthesiology and surgery available 24/7.

Specialty Services: Mon - Fri