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REFERRAL FORM

To facilitate a smooth transfer, contact us at (425) 823-9111 prior to sending client.

Referred by: _____

Referring Hospital: _____

Phone: _____ Fax: _____

Case Status: Emergency (within 24 hours) ___ Priority (within 48 hours) ___ Routine (next available) ___
If through Emergency Service, would you like the case transferred back in the morning? _____

Name of client: _____

Phone: #1 _____ #2 _____

Patient's Name: _____

Species: _____ Breed: _____

Sex: _____ Age: _____

Tentative Diagnosis/ Chief Complaint:

History/ Physical Findings:

Lab Results:

Current Treatments/ Medications:

Special Requests/ Comments:

Send the images with the client and fax all other history, lab work, treatments, etc. THANK YOU!