



## New Patient Referral Information

<b>Referral to:</b> <input type="checkbox"/> Critical Care <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Oncology <input type="checkbox"/> Surgery <input type="checkbox"/> Emergency <div style="text-align: center;"><b>Transfer</b></div>
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<b>Client:</b> _____ <b>Phone #:</b> _____ <b>Patient:</b> _____ <b>Species:</b> _____ <b>Breed:</b> _____ <b>Age:</b> _____ <b>Sex (please circle):</b> Female/Spayed Female    Male/Neutered Male
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<b>Referring Veterinarian:</b> _____ <b>Phone:</b> _____ <b>Referring Clinic/Hospital:</b> _____ <b>Fax:</b> _____
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**Reason for Referral:** \_\_\_\_\_

**Brief History:** \_\_\_\_\_

**Physical Findings:** \_\_\_\_\_

**Diagnostics/Date Performed:**  
 CBC \_\_\_ / \_\_\_    CHEM \_\_\_ / \_\_\_    XRAYs \_\_\_ / \_\_\_    ULTRASOUND \_\_\_ / \_\_\_    OTHER \_\_\_\_\_

**Provisional Diagnosis:** \_\_\_\_\_

**Current Medications/Treatment:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

Thank you very much for the referral of this patient. We will contact you after the initial examination via a telephone call followed by a formal referral letter. Please contact us with any questions or concerns that you may have.

**SPECIALISTS**

Edward R. Eisner, DVM, DAVDC  
 Geoff Heffner, DVM, DACVECC  
 Karen M. Hilling, DVM, DACVIM  
 (Internal Medicine)  
 Marie N. Janson, DVM, DACVIM  
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 W. Preston Stubbs, DVM, DACVS

**EMERGENCY DOCTORS**

Tanya Kim, DVM

**STAFF DOCTORS**

Joel DeJaynes, DVM  
 Victoria Fields, DVM  
 Eric Langfitt, DVM  
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