

# Memphis Veterinary Specialists

555 Trinity Creek Cove Cordova, TN 38018

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www.memphisveterinaryspecialists.com

## REFERRAL INFORMATION FORM

Date of Referral: \_\_\_\_\_

To:  Surgery  Int. Medicine  Oncology  Dermatology  Dentistry  Ophthalmology

### Referring Veterinarian Data:

Dr. Name \_\_\_\_\_ Hospital Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Additional Letter / information sent with client?  YES  NO

Other information provided:  Medical Records  Radiographs  Images  Synopsis Letter  Other \_\_\_\_\_

Client Information: \*\*\*\*\*(Please have client call us to set up an appointment)\*\*\*\*

Owner's Name \_\_\_\_\_ Owner's Phone \_\_\_\_\_

### Patient Data:

Name \_\_\_\_\_ Species \_\_\_\_\_ Gender:  Male  Female  Neutered/Spayed

Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

Vaccinations: (Date of Last) Distemper \_\_\_\_\_ FeLV \_\_\_\_\_ Rabies \_\_\_\_\_ HWT \_\_\_\_\_

### Significant Past Medical History / Problems:

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Current Problem: (Please indicate/describe chief complaint / onset / progression / treatments)

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Tentative Diagnosis Given to Client: \_\_\_\_\_

Medications: (Please list all current medications and dosages)

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Referral Report: A referral report will be faxed to you shortly after your client's visit. If you have another preference, please

let us know. Email: \_\_\_\_\_

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

**WE APPRECIATE YOUR REFERRAL!**