



Internal Medicine Referral Form

Referring Veterinarian: _____ Date: _____

Referring Hospital: _____

Address: _____ Phone: () _____ - _____

Fax: () _____ - _____ E-mail: _____ Referred To (Veterinarian): _____

Contact our office at (520) 748-0331 prior to transferring your patient. Thank you for your referral.

I would like to:

"Complete" Case Transfer: _____

Specific Diagnostics: _____

Specific Treatment: _____

Transfer Case Back to the Hospital:

Once resolution begins and treatment is established

When completely resolved to end point

To be determined based on daily evaluation

Please send the following with your client:

All X-Rays

Ultrasound Images

In addition to this form, please FAX or EMAIL:

All Lab-work

Treatments (Including Last Times Administered)

Complete Medical Records

Client(s) Name: _____

Phone (Day): () _____ - _____ Phone (Night): () _____ - _____ E-mail: _____

Patient's Name: _____ Species: _____ Breed: _____

Sex: Male Female Altered Age: _____

Tentative Diagnosis / Chief Complaint: _____

History / Physical Findings: _____

Treatments (Including Medications and Dosages): _____

Special Requests / Comments: _____

VCA Valley Animal Hospital and Emergency Center

4984 E 22nd St • Tucson, AZ, 85711 • P - 520-748-0331 • F - 520-748-0278 • internalmedicine1021@vca.com



AT VCA ANIMAL HOSPITALS, WE CARE

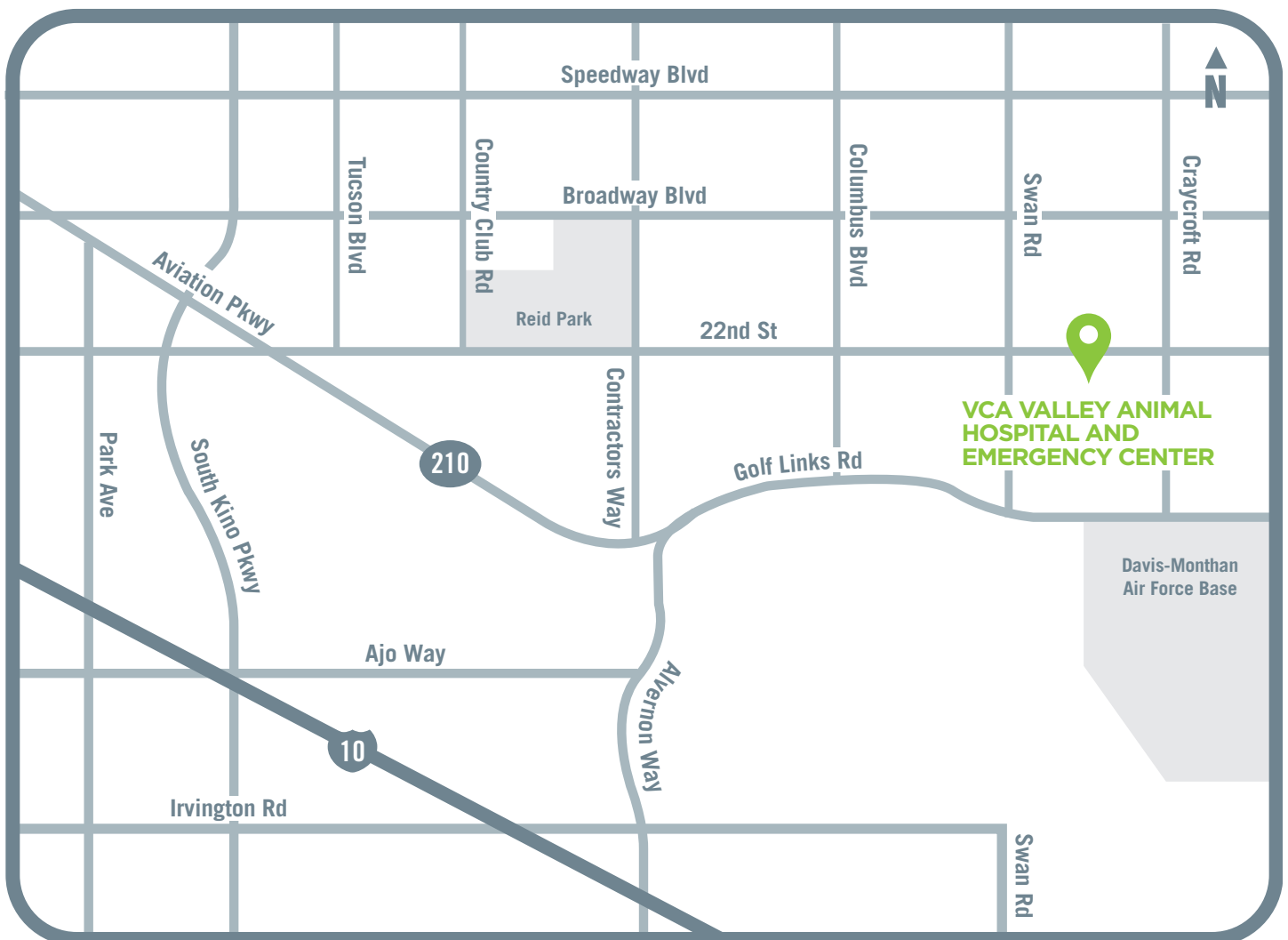
VCA VALLEY ANIMAL HOSPITAL AND EMERGENCY CENTER

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vcavalleytucson.com

VCA Valley Animal Hospital and Emergency Center is located on the South side of 22nd street in-between Swan and Craycroft.



BUSINESS HOURS: OPEN 24 HOURS/DAY, 7 DAYS/WEEK



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