

PATIENT REFERRAL FORM

Katonah Bedford Veterinary Center
546 N. Bedford Road
Bedford Hills, NY 10507
Ph 914.241.7700 | Fx 914.241.7708
www.katonahbedfordvetspecialty.com

Date: _____ Referral to our services (please check off your department selection below):

- | | | | | |
|----------------------------------|--|--|-------------------------------------|---|
| <input type="checkbox"/> ER/CC | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Medical Oncology | <input type="checkbox"/> Cardiology | <input type="checkbox"/> Diagnostic Imaging |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Dermatology & Allergy | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Behavior |

Referring Veterinarian/Clinic Information

Referring DVM and Clinic Name

Address/City/State/Zip

Telephone

Fax

Email

Preferred contact # after hours

Patient Information

Patient Name

Species

DOB

Age

Breed

Male Female Altered? Yes No

Color

Pet Owner's Name and Contact Information

Name

Address/City/State/Zip

Home Tel

Work Tel

Mobile Tel

Email

PATIENT CASE HISTORY

Condition of patient

Healthy Stable Critical

Presenting complaint/chief medical concerns

Reason for referral

Pertinent medical history (including vaccination history)

Current diagnostics/treatments/medications (including dosages)

Sending with patient: Copy of entire medical record Lab reports Radiographs ECG
 Current medications Other medical records (please specify):

REFERRAL INSTRUCTIONS

VETERINARIANS: When referring your patient to Katonah Bedford Veterinary Center, please complete this form prior to referral. You may print it, handwrite your entries and fax it to us at 914.241.7708 or type directly into the form, save and email it to au893@vcahospitals.com. Pertinent medical records may also be faxed along with the referral form or scanned and emailed to us or you may have the pet owner bring the records along with them to their pet's appointment. If you require assistance, have questions or wish to discuss your patient's case prior to referral, please call KBVC to speak with our doctors at 914.241.7700. Thank you for your referral.