## **VCA Animal Diagnostic Clinic-Dallas**

4444 Trinity Mills Rd., Suite 202, Dallas, TX 75287

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## Patient Referral Form

Client Information   Referral Partner Information		
Client:	_ Hospital:	
Primary phone:	Primary doctor: Hospital phone:	
Secondary phone:		
Client email:	_ Hospital email:	
How do you prefer to receive updates regarding this case	se? □ Emailed □ Phone □ Fax	
Patient Information		
Name:	_ □ Male □ Female □ Neutered Age:	Weight: kg
☐ Canine ☐ Feline Vaccines: ☐ Current ☐ Lapsed ☐ He	eartworm prevention:  Current Lapsed	
Breed:	Precaution:	
History/PE/DDX:		
Completed Diagnostics	Anticipated Diagnostics/Therapy	
☐ Lab Data	☐ Ultrasound	
□ Radiograph	☐ CT Scan	
☐ Ultrasound	☐ HospitalizationI	
□ CT/MRI	☐ Other:	
☐ Pending Tests:		
	<u>-</u>	
Referral Request		
☐ Critical Care: Drs. Aslanian, Porterpan, and Vernier		
☐ Internal Medicine: Drs. Kovarsky, Martin, Rifkin, and S		
☐ Oncology: Drs. Custis, Dawson, Donnelly, Kovac, Lop	pez, and Wright	
☐ Cardiology: Drs. Janacek and Stavri		
T De suites Augustistes ent /7 4 4 1		
☐ Regular Appointment (7-14 days)		
☐ Urgent Appointment (3-6 days)	ith come a day one are an elec-	
☐ Emergency Appointment (24-48 hours) *Please call wi	itin same-day emergencies	



Please email all medical records, lab results, and imaging to adccustomercare@vca.com