



Please email this form and any applicable records to: specialty508@vca.com

RECORDS INCLUDED ARE (select all that apply):

- Medical History w/ DVM Notes
- Lab Results
- Radiographs
- Radiology Report
- Eye Photos (for Ophtho)

HOW WOULD YOU LIKE TO BE UPDATED?

- Email
- Fax
- No Updates

SELECT SERVICE(S) BELOW:

SCHEDULED SPECIALIST CONSULTATION

INTERNAL MEDICINE

- Carrie White, DVM, DACVIM, Medical Director
- Justin Wakayama, DVM, DACVIM
- Any available

SURGERY

Nathaniel Lam, DVM, DACVS, Chief of Surgery

OPHTHALMOLOGY

Doris Wu, BVM&S, MRCVS, DACVO

SERVICES REQUESTED:

- CT Scans
- Ultrasound
- Echocardiogram
- Lithotripsy

ONCOLOGY

Lucy Teddy, DVM, Practice Limited to Oncology

EMERGENCY / 24-HOUR CRITICAL CARE

- OVERNIGHT MONITORING** (Transfer to primary vet in a.m.)
- STAT EMERGENCY**

Date: _____

Referring Clinic _____ Referring Doctor _____

Phone _____ Email _____

Client Name _____ Email _____

Primary Phone _____ Secondary Phone _____

Address _____

Patient Name _____ Species _____

Breed _____ Color _____

Sex _____ Age/Birthdate _____ Weight _____

Reason for Referral _____

Past Pertinent History _____

Current Treatment(s) and Medication(s) _____

Additional Comments _____

rev 08/18/22

