



## PATIENT REFERRAL FORM

FAX TO: (808) 488-6668

• **MEDICAL RECORDS FROM YOUR CLINIC:**

- NONE       WILL EMAIL       WILL FAX  
 (specialty508@vca.com)      (Main (808) 488-6668 / Secondary: (808) 486-0268)

Please select all that apply:  Medical History w/ DVM Notes     Lab Results     Radiographs

• **PLEASE SEND UPDATES:**     DAILY     ONLY FOR SIGNIFICANT CHANGES     UPON DISCHARGE

**VIA**  PHONE     EMAIL     FAX    Details: \_\_\_\_\_

• **SELECT SERVICE(S) BELOW:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>SCHEDULED SPECIALIST CONSULTATION</b><br><input type="checkbox"/> <b>Internal Medicine</b><br><input type="checkbox"/> Carrie White, DVM, DACVIM, Medical Director<br><input type="checkbox"/> Justin Wakayama, DVM, DACVIM<br><input type="checkbox"/> Any available<br><input type="checkbox"/> <b>Surgery</b><br>Nathaniel Lam, DVM, DACVS, Chief of Surgery<br><input type="checkbox"/> <b>Ophthalmology</b><br>Doris Wu, BVM&S, MRCVS, DACVO | <input type="checkbox"/> <b>EMERGENCY / 24-HOUR CRITICAL CARE</b><br><input type="checkbox"/> Overnight Monitoring ( <i>Transfer to primary vet in a.m.</i> )<br><input type="checkbox"/> STAT Emergency<br><input type="checkbox"/> Specialist Consultation<br><input type="checkbox"/> <b>RADIOLOGY*</b><br><i>* Services below require specialist consultation, followed by phone call and faxed results</i><br><input type="checkbox"/> Ultrasound<br><input type="checkbox"/> CT Scan(s)<br><input type="checkbox"/> Echocardiogram<br><input type="checkbox"/> Lithotripsy<br><input type="checkbox"/> Interventional Radiology |
|---|---|

Date: \_\_\_\_\_

• Referring Clinic: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

• Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Address: \_\_\_\_\_

• Patient's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Past Pertinent History: \_\_\_\_\_

Current Treatment(s) and Medication(s): \_\_\_\_\_

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

