



4706 New Horizons Blvd., Appleton, WI 54914 (920) 993-9193

# HOSPITAL REFERRAL FORM

SERVICE:  ER  SX  Med  Optho  Derm

Other \_\_\_\_\_

PURPOSE:  Appt  Review

Date \_\_\_\_\_ Time \_\_\_\_\_

Doctor \_\_\_\_\_ Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Owner \_\_\_\_\_ Pet \_\_\_\_\_ Phone \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F MC FS

Items accompanying patient:  Radiographs  Records  ECG  Fluids  Meds  Other \_\_\_\_\_

Significant diagnostics completed:

Diagnostics initiated, results pending:

Therapeutics initiated:

Tentative diagnosis:

### INSTRUCTIONS FOR THE FOX VALLEY ANIMAL REFERRAL CENTER

Preferred course of action:

- Observation and monitor only
- Treat as emergency clinic doctors and client deem necessary
- Treat as follows:

\_\_\_\_\_

**IMPORTANT NOTE:** *In recognition of changes in patient condition, doctor's evaluation, and client wishes, the Fox Valley Animal Referral Center reserves the right to change diagnostic or therapeutic plans for any patient when good clinical judgment dictates.*

Referring Doctor \_\_\_\_\_ Clinic phone \_\_\_\_\_ Home phone \_\_\_\_\_

Call me if \_\_\_\_\_