

REFERRAL FORM

Las Vegas Veterinary Specialty Center
8650 W. Tropicana Avenue, Ste. B-107
Las Vegas, NV 89147
TEL: 702-871-1152

North Rainbow Veterinary Emergency Hospital
4445 N. Rainbow Blvd
Las Vegas, NV 89108
TEL: 702-262-7080



☐ **Radiology** ☐ **Surgery** ☐ **Ophthalmology** ☐ **Cardiology** ☐ **Oncology** ☐ **Internal Medicine** ☐ **Animal Rehabilitation** ☐ **Neurology**

Referred by Dr.:		Referring Hospital:	
Address:			
Phone:	Cell:	Fax:	
Email:			
How would you like to be contacted: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail			
Did you Fax: <input type="checkbox"/> Pertinent Medical Records <input type="checkbox"/> Blood Work <input type="checkbox"/> Histopathology <input type="checkbox"/> Ultrasound Reports <input type="checkbox"/> Send Rads w/client			
Did you tell Client: <input type="checkbox"/> No food after 10 pm <input type="checkbox"/> H ₂ O is OK <input type="checkbox"/> Bring Rads from RDVM <input type="checkbox"/> Bring all current medications			
Name of Client:			
Address of Client:			
Home Phone:	Cell:	Work Phone:	
Email:			
Patient's Name:			
Species:		Breed:	
Sex: <input type="checkbox"/> F <input type="checkbox"/> SF <input type="checkbox"/> M <input type="checkbox"/> CM <input type="checkbox"/> Unknown	Age:	Color:	
Tentative Diagnosis/Chief Complaint:			
History/Physical Findings:			
Most Recent Vaccination (date & type)			
Treatments (Include medications and dosages)			
Laboratory Data (Attach copies of results)			
Special Request/Comments:			