



79 Theophilus Smith Road, South Dennis, Massachusetts 02660
Phone (508) 398-7575 Fax (508) 398-7506

Referral Form

Date: _____

Service for Referral: Surgery Internal Medicine Cardiology
 Ophthalmology Emergency/Critical Care Exotics

Referring Veterinarian: _____ Phone () _____

Hospital Name: _____

Hospital Address: _____

Hospital Fax () _____ E-Mail Address: _____

Preference to receive patient updates:

E-Mail Fax Mail Phone

Client's Name: _____ Phone () _____

Client's Address: _____

Patient's Name: _____ Breed: _____ Age: _____ Sex: _____ Weight: _____

Previous Medical Illnesses: _____

Presenting Problem: _____

History: _____

Condition of Patient: Healthy Stable Critical Moribund

Items sent with Client: X-Rays Records Lab Results Medication

Pending Laboratory Tests (Please include dates submitted):

Blood Urine Other: _____

Idexx Antech Other: _____

**CONTINUE FORM ON REVERSE SIDE
MAP ON REVERSE SIDE**

Diagnostics Performed (Please include date and results): _____

Treatment/Medications (Please include doses/dosages): _____

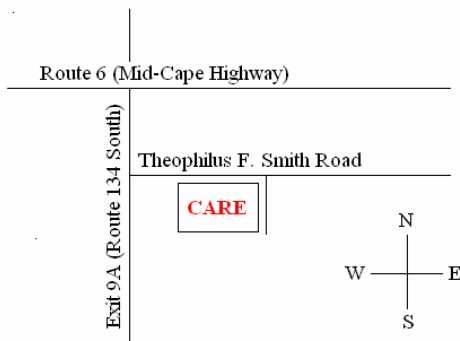
Response to Treatment: _____

Additional Comments: _____

Please include radiographs, copies of laboratory tests, and a summary of the medical record. Radiographs will be returned promptly. Referral information may be mailed, sent with the client, or faxed. If using the mail, please allow enough time for the information to arrive in time for the consultation.

ALL CONSULTATION APPOINTMENTS MUST BE MADE BY THE CLIENT.

DIRECTIONS TO CARE:



Take Route 6 (Mid-Cape Highway) to Exit 9A (Route 134 South). Make a left turn at the second set of traffic lights onto Theophilus Smith Road. The hospital is about 1/4 mile on the right.