

25067 Elk Lick Road, South Riding, VA 20152

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Please include radiographs, copies of laboratory/diagnostic tests and a summary of the medical records. Referral information may be emailed, faxed, or sent with the client. Phone consultations with the veterinarian in charge of the case are welcomed and encouraged. Please have your client call to schedule an appointment after medical history has been provided.

TODAY'S DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**rDVM INFORMATION**

Hospital Name: \_\_\_\_\_ Referring Veterinarian: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method to update you on case:  Phone  Fax  Email Best Time to Call: \_\_\_\_\_ AM  PM

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Age \_\_\_\_\_ Weight: \_\_\_\_\_ Vaccinations Current?:  Yes  No Sex:  Male  Female  Neutered  Spayed

**PATIENT MEDICAL INFORMATION**

Condition of Patient:  Healthy  Stable  Critical  Moribund Allergies? \_\_\_\_\_

Presenting Problems/Diagnosis:

Diagnostic Results/Treatments/Medications:

Concerns/Requests:

**DIAGNOSTICS OR CARE SERVICES REQUESTED**

- Emergency Services  Monitoring overnight & transfer back to rDVM  Internal Medicine Consultation
- Outpatient Ultrasound Only  Surgery Consultation (orthopedic, soft tissue, Laparoscopic/Endoscopic )
- Rehabilitation  Acupuncture

\*\*\* Please Have Your Client Call To Schedule An Appointment.\*\*\*

Check all that apply:

- Medical Records/Diagnostic Results Emailed  Medical Records/Diagnostic Results Faxed
- Radiographs Emailed  Radiographs sent with patient  Medications sent with patient