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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