Endoscopy / Laparoscopy Referral

PLEASE SUBMIT A CASE SUMMARY WITH THIS REFERRAL FORM

Sackville Animal Hospital

485 Sackville Drive
Lower Sackville, NS B4C 2S1
T: 902.865.6400 F: 902.865.6407
info@sackvilleanimalhospital.ca
sackvilleanimalhospital.ca

HOSPITAL INFORMATION

Referring Hospital: _____

Phone: _____ Fax: _____

Email: _____

Referring Veterinarian: _____

PATIENT INFORMATION

Patient Name: _____ Species: _____

Breed: _____ DOB: _____

Sex: _____ Color: _____

Service for Referral:

- ☐ Upper Gastrointestinal Scope +/- Biopsies
- ☐ Colonoscopy/Lower GI +/- Biopsies
- ☐ Rhinoscopy
- ☐ Vaginoscopy/Urethroscopy/Cystoscopy
- ☐ Esophageal/Gastric Foreign Body Retrieval
- ☐ Bronchoalveolar Lavage
- ☐ Laparoscopic Spay
- ☐ Laparoscopic Biopsies
- ☐ Other: _____

CLIENT INFORMATION

Client Name: _____

Spouse/Additional Persons: _____

Address: _____

Phone: _____ Email: _____

*Please fax or e-mail referral form **along with a brief case summary** and recent medical notes, including any diagnostics pertinent to the history. Please review your referral package for specific information, including indications, preparatory information, etc, to pass along to the client in preparation for their visit. We will contact them to arrange their appointment time directly, unless otherwise arranged through you.