

Endoscopy / Laparoscopy Referral



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PLEASE SUBMIT A CASE SUMMARY WITH THIS REFERRAL FORM

URGENT NON URGENT

HOSPITAL INFORMATION

Referring Hospital: _____

Phone: _____ Fax: _____

Email: _____

Referring Veterinarian: _____

PATIENT INFORMATION

Patient Name: _____ Species: _____

Breed: _____ DOB: _____

Sex: _____ Color: _____

Service for Referral:

- | | |
|--------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Upper Gastrointestinal Scope +/- Biopsies | <input type="checkbox"/> Bronchoalveolar Lavage |
| <input type="checkbox"/> Colonoscopy/Lower GI +/- Biopsies | <input type="checkbox"/> Laparoscopic Spay |
| <input type="checkbox"/> Rhinoscopy | <input type="checkbox"/> Laparoscopic Biopsies |
| <input type="checkbox"/> Vaginoscopy/Urethroscopy/Cystoscopy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Esophageal/Gastric Foreign Body Retrieval | |

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.