

FIRST Regional Animal Hospital

REFERRAL FORM

Type of referral desired:

- Internal Medicine Consult or Case Transfer *Shery Babyak, DVM, Diplomate, ACVIM*
- Surgery or Surgical Consult *Patricia Kupanoff, DVM, Diplomate, AVCS, SA*
- Case Transfer or Criticalist *Alisa Reniker, DVM, Diplomate, ACVECC*
- Behavior Consult *Wailani Sung, PhD, DVM*

DATE: _____ REFERRING HOSPITAL: _____ DOCTOR: _____

NAME OF CLIENT: _____ NAME OF PATIENT: _____

PRESENTING COMPLAINT/WORKING DIAGNOSIS: _____

HISTORY AND TREATMENT (including any chronic conditions/medications and their status:

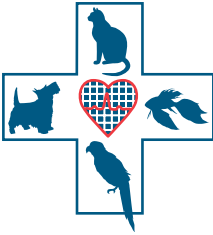
SPECIFIC CLINICAL QUESTIONS OR CONCERNS:

PENDING LAB WORK (which test and laboratory sent):

Please send copy of all lab work and radiographs already taken, as well as all pertinent medical records with the client!

Please contact our office prior to transferring your patient 480-732-0018

Thank you for your referral!



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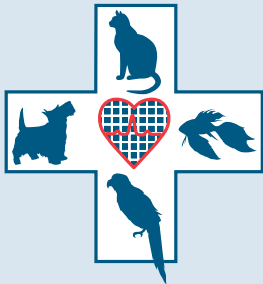
INSTRUCTIONS FOR OWNERS

After your regular veterinarian has discussed the need for referral of your pet to our doctor, please call 480-732-0018 to schedule an appointment. At that time you will also be given instructions on whether to withhold food and/or water.

APPOINTMENT DATE: _____ TIME: _____

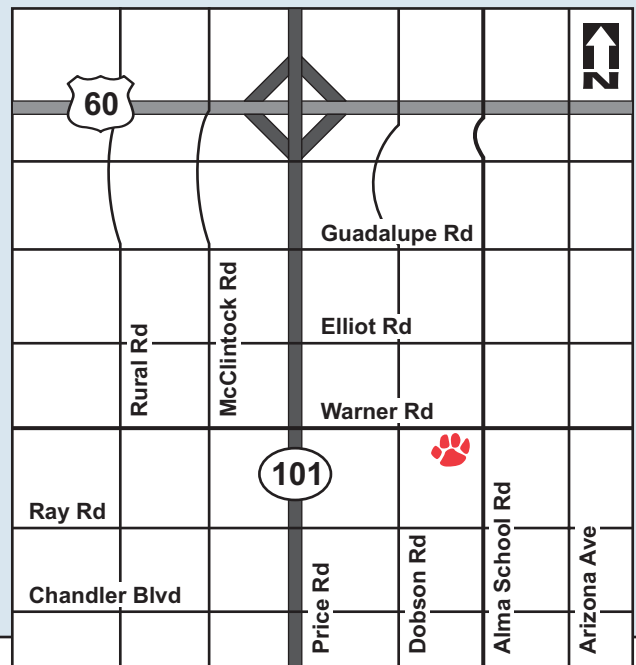
INSTRUCTIONS: _____

- Bring all previously prescribed medications with you
- Bring this referral form
- Bring all other pertinent information, including laboratory results, x-rays, etc.
- After initial consult/exam procedures may be scheduled for a later date
- Please give us at least 24 hours prior notice for appointment cancellation



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1233 West Warner Road
Chandler, Arizona 85224
T: 480-732-0018
F: 580-732-0335



*Dedicated to
Veterinary
Excellence*

We accept cash, checks, and all major credit cards.
We also accept Care Credit.
At apply go to www.carecredit.com
A deposit is required for all hospitalized patients.
All remaining fees are payable at the time of release.