

VCA Pet CancerCare™

VCA NWVS RADIATION ONCOLOGY REFERRAL FORM

This form is required in order to get a patient SCHEDULED for a consultation. Referrals will not be considered if this form is not submitted. All records pertaining to the cancer diagnosis including all laboratory, radiograph, ultrasound, and advanced imaging reports need to be sent as well.

Most cases should be seen by another specialist prior to referral to radiation oncology, although it is not required in all cases. If you are not sure if radiation therapy is an option or appropriate, please feel free to email the team at NWVSRadOnc@vca.com with any helpful records attached and Dr. McDonald can review and get back to you ASAP.

If you believe this is an urgent referral, please call VCA NWVS and ask to speak to/leave a message for the Radiation Oncology team and will try to assist as quickly as possible. It is helpful to email records over if you have to leave a message. NWVSRadOnc@vca.com

<i>Date</i>	
<i>RDVM Name</i>	
<i>Hospital Name</i>	
<i>Contact # or email</i>	
<i>Patient Name</i>	
<i>Owner Name</i>	
<i>Owner phone number</i>	
<i>Owner email (if available)</i>	

Diagnosis _____

Tumor location _____

Diagnostics performed within last 30 days _____

Previous/Current treatments (including chemotherapy and medical) _____

Brief history of case/reason for recommending radiation therapy _____

Other Questions/Comments _____
