VCA Family and Oahu Veterinary Specialty Center

98-1254 Kaahumanu St., Pearl City, HI 96782

P 808-484-9070 **E** specialty508@vca.com **vcafamilyhi.com**

Specialty Referral Form

Records included are (select all that apply)

❒ Medical History w/ DVM Notes ❒ Lab Results ❒ Radiographs ❒ Radiology Report ❒ Eye Photos (For Ophtho)

How would you like to be updated?

❒ Email ❒ Fax ❒ No Updates

Select service(s) below (specialty508@vca.com)

❒ **Internal Medicine**
- ❒ Carrie White, DVM, DACVIM, Co-Medical Director
- ❒ Justin Wakayama, DVM, DACVIM
- ❒ Any available

❒ **Surgery**
- ❒ Nathaniel Lam, DVM, DACVS, Chief of Surgery
- ❒ Shawna Fujita, DVM, Practice Limited to Surgery
- ❒ Any available

❒ **Ophthalmology**
- ❒ Doris Wu, BVM&S, MRCVS, DACVO

❒ **Oncology**
- ❒ Lucy Teddy DVM, DACVIM (Oncology)

❒ **Services Requested**
- ❒ CT Scans
- ❒ Ultrasound
- ❒ Echocardiogram
- ❒ Lithotripsy

❒ **Emergency/ 24-Hour Critical Care (au508@vca.com)**
- ❒ Overnight Monitoring (Transfer to primary vet in a.m.)
- ❒ Stat Emergency

Date: _____

Referring Clinic: _____ Referring Doctor: _____

Referring Clinic Phone: _____ Referring Clinic Email: _____

Client Full Name: _____ Client Email: _____

Primary Phone: _____ Secondary Phone: _____

Address: _____

Patient Name: _____ Species: _____

Breed: _____ Color: _____

Sex: _____ Age/Birthdate: _____ Weight: _____

Reason for Referral: _____

_____

Past Pertinent History: _____

_____

Current Treatment(s) and Medication(s) _____

_____

Additional Comments: _____

_____

vca animal hospitals