FAX TO: (216) 831-4653

Total # of pages

**REFERRAL FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Referred to: | | | Referred By Dr: | | | |
| Referring Hospital: | | | | | | |
| Address: | | | | | | |
| Phone: | Fax: | | | | Email: | |
| How would you like to be contacted? (circle one) | | Fax | | Email | US Mail | Phone |

|  |  |  |
| --- | --- | --- |
| Name of Client: | | |
| Address of Client: | | |
| Home Phone: | Work Phone: | Cell Phone: |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient’s Name: | Species: (circle one): | | | Canine | | | | Feline | | |
| Breed: | Age: | Sex:(circle one) | | | F | SF | M | | NM | Unknown |
| Appointment Date/Time: | | | Estimated Time of Arrival: | | | | | | | |

|  |
| --- |
| Tentative Diagnosis/Chief Complaint: |
|  |
|  |

|  |
| --- |
| Laboratory Data (Attach copies of results) |
|  |

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| --- |
| Treatments (Include medications and dosages) |
|  |
|  |

|  |
| --- |
| Radiographs (Films will be returned) |
|  |

|  |
| --- |
| Special Requests / Comments |
|  |

**Our highly qualified and compassionate doctors include:**

**Ophthalmology**

Emily Conway, BVMS, MRCVS, MS, DACVO

**Oncology**

Amanda Elpiner, DVM, DACVIM

**Surgery**

Eileen Heldmann, MS, JD VMD, DACVS

Allison Kenzig, DVM (Practice Limited to Surgery)

Andy Law, BVetMed, DACVS-SA

**Internal Medicine**

Sara Irom, MS, DVM, DACVIM

Leah Ferguson, DVM, MS, DACVIM

**Emergency and Critical Care**

Kathleen Frantz, DVM, DACVECC

**Emergency**

Suzanne Ellis, DVM

Karen Ganofsky, DVM

Laura Kozminski, DVM

Cara Redmond, DVM

Alex Webb, DVM

Kate Brackney, DVM

Katelyn Kelly, DVM

Ashley Ziegler, DVM

Andrew Federer, DVM

Victoria Waxman, DVM

**Radiology (consulting – Vet Rad)**

Board certified Radiologists are in house to perform and interpret advanced diagnostic imaging Monday through Friday during normal business hours.

24-Hour Emergency Center

Tel: (216) 831-6789

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Warrensville Heights, OH 44128

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