Referral Summary Sheet

To: **Valley Oak Veterinary Center**
2480 Dr. MLK Jr. Parkway, Chico, CA 95928
Referral Coordinator: Cori Thomas
Referral email: referrals@valleyoakvc.com
Referral Phone: (530) 924-2610 **Fax**: (530) 924-2659
Main Phone: (530) 342-7387

Dr. Portillo (Internal Med): erinportillo@yahoo.com
Dr. Esh (Ultrasound): jesh@valleyoakvc.com
Dr. Wippman (Rehab): rwdvm@aol.com
Dr. Dohner (Exotics): bdohner@valleyoakvc.com
Dr. Lin (Surgery): klin@valleyoakvc.com
Dr. Mennick (Repro): pacintgen@gmail.com

Referred to: Dr._____ for:_____

☐ Internal Medicine ☐ General or Exotic Medicine ☐ Overnight Care ☐ Rehab

☐ Scheduled appointment: _____ ☐ Reproduction ☐ Surgery
Date **Time**

Special Considerations/Requests: ☐ Ultrasound only ☐ Consult only ☐ Transfer

Referred By: _____ **Referring Hospital**:_____

Hospital Address:_____ Phone Number (_____)_____

Client Information:

Client name:_____ Phone Number (_____)_____

Patient Name:_____ ☐ Canine ☐ Feline ☐ Other:_____

Age:_____ Breed:_____ ☐ Male ☐ Female

I am sending the following information:

Medical Record		Via:	Fax		E-Mail		With the client	
Laboratory Results		Via:	Fax		E-Mail		With the client	
Radiographs		Via:	Fax		E-Mail		With the client	

Medical History/Problem List:

Diagnostic Procedures/Results:

Treatments/Medications:

May we contact you after hours? **Y / N** If so, what is the best contact number?_____