

Date: \_\_\_\_\_

<p><b>MedVet Cincinnati</b>          3964 Red Bank Rd          Cincinnati, OH 45227          513.561.0069  <b>Please fax or email this form to:</b>          513.561.5688  <b>appts.cinci@medvet.com</b></p>	<input type="checkbox"/> Cardiology <input type="checkbox"/> Critical Care <input type="checkbox"/> Dermatology <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Medical Oncology <input type="checkbox"/> Neurology	<input type="checkbox"/> Ophthalmology <input type="checkbox"/> Radiation Oncology <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Surgery
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**For internal use only**  
 If referral appointment had been scheduled, please note:  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Emergency Follow-up Preferences:

Call me at \_\_\_\_\_  AM  PM at ( \_\_\_\_\_ ) \_\_\_\_\_ for review

Call my office tomorrow for standard follow-up

Refer to MedVet Specialty Dept. if necessary

Send client and patient to office

Email \_\_\_\_\_  Fax Report \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Clinic/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Communication Preference:  Phone  Fax  E-mail

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Canine  Feline  Other Breed: \_\_\_\_\_ Sex:  M  MN  F  FS Age: \_\_\_\_\_

See Records Attached

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**Presenting Complaint:**

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**History:**

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**Physical Examination Findings:**

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**Pertinent Laboratory Results:**

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**Treatment Schedule:**

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**Differential Diagnosis/Reasons for Referral:**

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