MEDVET
Leading Specialty Healthcare for Pets

Patient Referral Information

Date: __________

MedVet Dallas
11333 North Central Expressway
Dallas, TX 75243
972.994.9110
Please fax or email this form to:
972.994.0261
info.dallas@medvet.com
☐ Cardiology
☐ Critical Care
☐ Emergency Medicine
☐ Internal Medicine
☐ Medical Oncology
☐ Neurology/Neurosurgery
☐ Surgery

MedVet Grapevine
2700 West State Hwy 114
Grapevine, TX 76051
682.223.9770
Please fax or email:
682.223.9771
infograpevine@medvet.com
☐ Cardiology
☐ Critical Care
☐ Internal Medicine

MedVet Richardson
401 W. President George Bush Hwy
Richardson, TX 75080
972.479.9110
Please fax or email:
972.331.5793
medvet-richardson@medvet.com
☐ Emergency Medicine

Type of Care Needed:
☐ Emergency (same day)
☐ Urgent (1-3 days)
☐ First Available

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**

Presenting Complaint:

History:

Physical Examination Findings:

Pertinent Laboratory Results:

Treatment Schedule:

Differential Diagnosis/Reasons for Referral: