

Date: _____

MedVet Chicago
3305 N. California Ave.
Chicago, IL 60618
773.281.7110

Please fax or email this form to:
773.880.6083
info.chicago@medvet.com

Anesthesia & Analgesia
 Cardiology
 Critical Care
 Dentistry & Oral Surgery
 Dermatology
 Integrative Medicine
 Internal Medicine
 Medical Oncology
 Neurology & Neurosurgery
 Ophthalmology
 Radiation Oncology
 Radiology
 Rehabilitation
 Sports Medicine
 Surgery

MedVet North Shore
1812 Skokie Blvd.
Northbrook, IL 75243
847.786.3030

Please fax or email this form to:
773.880.6083
info.chicago@medvet.com

Dermatology (Wednesday Only)
 Cardiology (Tuesday & Thursday Only)

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: _____