

Date: _____

MedVet Salt Lake City
 331 W. Bearcat Dr.
 Salt Lake City, UT 84115
 385.341.4444
Please fax or email this form to:
385.341.4450
info.saltlakecity@medvet.com

- Critical Care
- Dentistry & Oral Surgery
- Dermatology (Nov. 2020)
- Emergency Medicine
- Internal Medicine
- Medical Oncology
- Radiology
- Surgery

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 _____

For internal use only
 If referral appointment had been scheduled, please note:

Date: _____ Time: _____

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:
