

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**

- Critical Care
- Dermatology
- Emergency Medicine
- Internal Medicine
- Medical Oncology
- Mobile Ultrasound
- Neurology/Neurosurgery
- Surgery

### MedVet Grapevine

2700 West State Hwy 114  
Grapevine, TX 76051  
682.223.9770

**Please fax or email:**

**682.223.9771**

**info.grapevine@medvet.com**

- Cardiology

### MedVet Urgent Care

401 W. President George Bush Hwy  
Richardson, TX 75080  
972.479.9110

**Please fax or email:**

**972.331.5793**

**medvet-richardson@medvet.com**

- Urgent Care

### 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:

\_\_\_\_\_