CRVS
Columbia River VetERinary Specialists

www.ColumbiaRiverVetSpecialists.com

6607 NE 84th Street, Suite 109 - Vancouver, WA 98665
P: 360-694-3007 | F: 360-735-7420

Emergency/Critical Care | Internal Medicine | Surgery | Neurology | Ophthalmology | Oncology | Dentistry | Cardiology

Patient Referral Form

**Please feel free to use this form as the cover sheet when faxing records. Number of pages including cover _____*

Date: _____

Referred for:

- ☐ **Emergency & Critical Care** - Lisa Thompson, DVM, DACVECC; Megan Seekins, DVM, DACVECC
- ☐ **Internal Medicine** - Sarah Guess, DVM, MS *residency trained in internal medicine*
- ☐ **Surgery** - Andreas Bachelez, DVM, DACVS, DECVS; Roberto Novo, DVM, DACVS
- ☐ **Ophthalmology** - Allyson Darrow, DVM, DACVO; Gia Klauss, DVM, DACVO
- ☐ **Oncology** - Melanie McMahon, DVM, DACVIM(O)
- ☐ **Dentistry** - Kevin Stepaniuk, DVM, FAVD, DAVDC
- ☐ **Neurology** - Daniel Krull, DVM, MS, DACVIM(N)

Client & Patient Information

Client Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Client Phone: _____

Patient Name: _____ Patient Species: ☐ Canine ☐ Feline

Breed: _____ Age: _____ Gender: ☐ Female ☐ Spayed ☐ Male ☐ Neutered

Referring Veterinarian & Clinic Information

Referring Veterinarian: _____ Hospital: _____

Phone: _____ Fax: _____

Lab Used: _____ Lab Account#: _____

Contact After Hours? ☐ yes ☐ no After hours contact number: _____

Brief Case History

Please include all laboratory and other diagnostic reports. Radiographs will be promptly returned.

☐ **All records and a completed electronic referral form will be emailed to CRVS**

Referral Request

As the referring veterinarian my expectations for this case are as follows *(check one)*

☐ 1. Referral for the following procedure(s): _____
☐ 2. Overnight care and return in the morning
☐ 3. Hospitalization for definitive care

IMPORTANT NOTE: *In recognition of changes in patient condition, doctor's evaluation and client wishes, CRVS reserves the right to change diagnostic or therapeutic plans for any patient when good clinical judgment dictates.*

Thank you for your referral!