REFERRAL FORM

OREGON VETERINARY OVRA REFERRAL ASSOCIATES

DEPARTMENT REQUESTED:

Surgery ☐ Internal Medicine ☐ Dermatology ☐ Opthamology ☐ Reahilitation ☐

PRIORITY: URGENT ☐ NON-URGENT ☐

Cllient Name: _____ Phone: _____

Patients Name: _____ Species/Breed: _____

Age/DOB: _____ Sex: _____

Precautions: _____

_____

RDVM Clinic: _____ RDVM on case: _____

Phone: _____ Email: _____

Problems/Diagnostics: _____

_____

_____

Summary of Patient's History: _____

_____

_____

Clinical Findings: _____

_____

Lab Results: _____

_____

Current Therapies: _____

_____

Etc: _____

_____

Recent Bloodwork? **YES** ☐ **NO** ☐

Recent Cytology? **YES** ☐ **NO** ☐

Recent Urinalysis? **YES** ☐ **NO** ☐

Recent Raiographs? **YES** ☐ **NO** ☐

Recent Ultrasound? **YES** ☐ **NO** ☐

Imaging Report? **YES** ☐ **NO** ☐

For expedited service please attach and send all of the above diagnostics including chart notes to: **xrays@ovra.com**