

Patient Referral Form

P: 206-204-3366

F: 206-204-3858

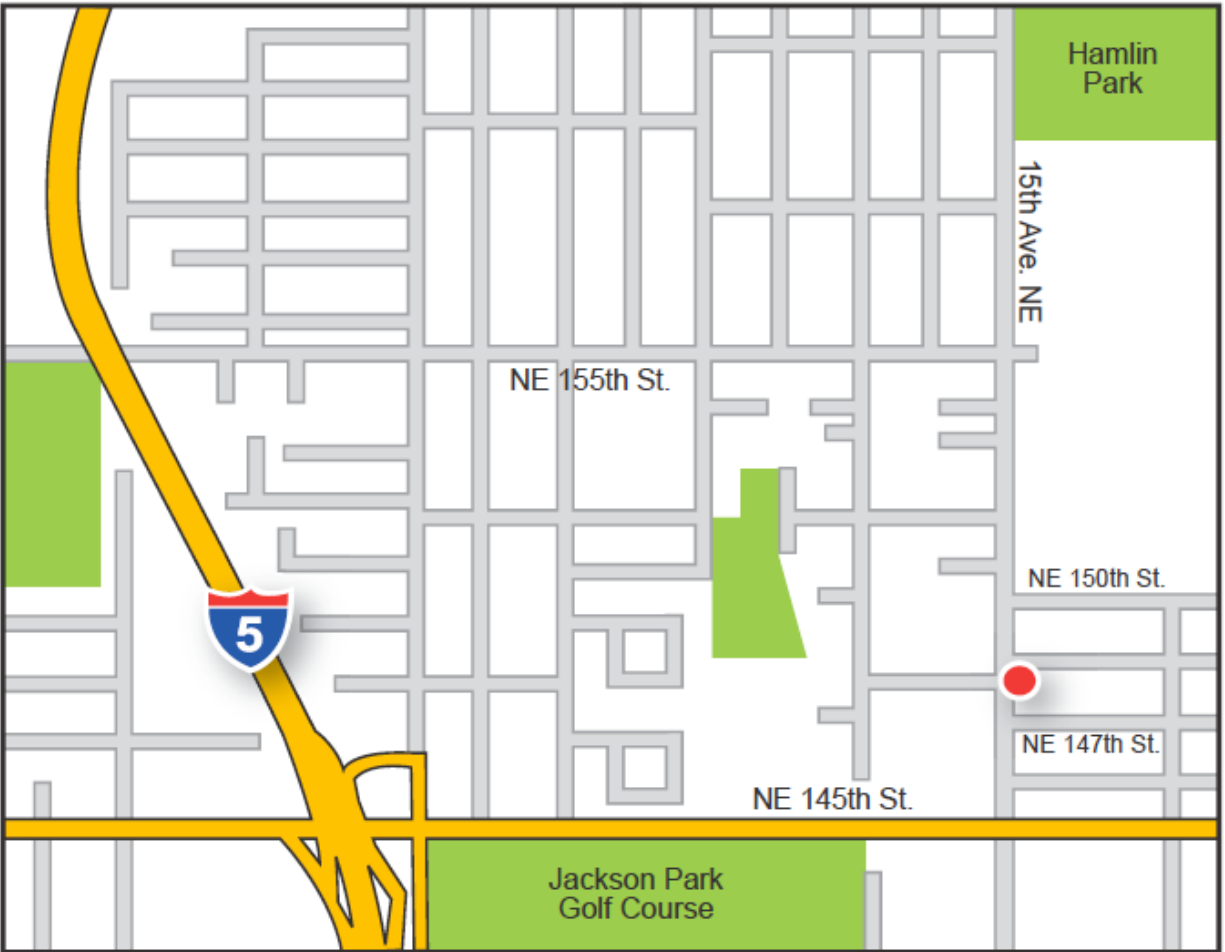
Referral form for Dermatology



Client & Patient Information		Referring Doctor Information	
Client Name		Primary DVM	
Patient Name		Hospital	
Client Phone		Address	
Lab Used		DVM Phone	
Lab Acct. #		DVM Fax	
Prognosis given client: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Guarded <input type="checkbox"/> Grave			
Brief Case History			
<i>Please include all laboratory and other diagnostic reports. Radiographs will be promptly returned.</i>			
Referral Request			
As the referring veterinarian my expectations for this case are as follows:			
Important note: In recognition of changes in patient condition, doctor's evaluation and client wishes, AMCS reserves the right to change diagnostic or therapeutic plans for any patient when good clinical judgment dictates.			

THANK YOU FOR YOUR REFERRAL. DIRECTIONS TO THE FACILITY ARE ON THE BACK OF THIS FORM.

AMCS | P: 206-204-3366 | F: 206-204-3858 | 14810 15th Avenue NE, Suite B, Shoreline, WA 98155 | www.animalmedicalspecialists.com



From I-5 Northbound:

Take exit 175 toward **WA-523/NE 145th St**
Slight **left** at **5th Ave NE**
Take the 1st **right** onto **NE 145th St/WA-523 E**
Turn **left** at **15th Ave NE**
Destination will be on the right

From I-5 Southbound:

Take exit 175 for **WA-523/NE 145th St** toward **5th Ave NE**
Turn **left** at **NE 145th St/WA-523 E**
Turn **left** at **15th Ave NE**
Destination will be on the right

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