

# 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			
<p><i>Please include all laboratory and other diagnostic reports. Radiographs will be promptly returned.</i></p>			
Referral Request			
<p>As the referring veterinarian my expectations for this case are as follows:</p>			
<p><b>Important note:</b> 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.</p>			

**THANK YOU FOR YOUR REFERRAL.**