

Date: \_\_\_\_\_

<p><b>MedVet Cincinnati</b>          3964 Red Bank Rd          Cincinnati, OH 45227          513.561.0069  <b>Please fax or email this form to:</b>          513.808.4042  <b>appts.cinci@medvet.com</b></p>	<p><input type="checkbox"/> Cardiology  <input type="checkbox"/> Critical Care  <input type="checkbox"/> Dentistry  <input type="checkbox"/> Emergency Medicine  <input type="checkbox"/> Internal Medicine  <input type="checkbox"/> Neurology  <input type="checkbox"/> Oncology</p>	<p><input type="checkbox"/> Ophthalmology  <input type="checkbox"/> Rehabilitation  <input type="checkbox"/> Surgery</p>
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**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

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Presenting Complaint:

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History:

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Physical Examination Findings:

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Pertinent Laboratory Results:

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Treatment Schedule:

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Differential Diagnosis/Reasons for Referral:

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