

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

<p><b>MedVet Silicon Valley</b>          7080 Santa Teresa Blvd.          San Jose, CA 95139          408.649.7070  <b>Please fax or email this form to:</b>          408.649.7072  <b>Email:</b> info.siliconvalley@medvet.com</p>	<p><input type="checkbox"/> Cardiology  <input type="checkbox"/> Critical Care  <input type="checkbox"/> Emergency Medicine  <input type="checkbox"/> Internal Medicine  <input type="checkbox"/> Medical Oncology  <input type="checkbox"/> Radiology  <input type="checkbox"/> Surgery</p>
---	--

**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

---

**Presenting Complaint:**

---

**History:**

---

**Physical Examination Findings:**

---

**Pertinent Laboratory Results:**

---

**Treatment Schedule:**

---

**Differential Diagnosis/Reasons for Referral:**

---