

Date: _____

MedVet Chicago
3305 N. California Ave.
Chicago, IL 60618
773.281.7110
Please fax or email this form to:
773.880.6083
info.chicago@medvet.com

- Anesthesia & Analgesia
- Cardiology
- Critical Care
- Integrative Medicine
- Internal Medicine
- Medical Oncology
- Neurology & Neurosurgery
- Ophthalmology
- Radiology
- Rehabilitation
- Sports Medicine
- Surgery

MedVet North Shore
1812 Skokie Blvd.
Northbrook, IL 60062
847.786.3030
Please fax or email this form to:
847.786.4030
surgery.northshore@medvet.com

- Surgery (Monday-Thursday)

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:
