



# Arizona Veterinary Specialists, LLC

86 West Juniper Avenue  
Gilbert, Arizona 85233

Phone: (480) 635-1110

## REFERRAL FORM

(Please check a specialty listed below)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Arizona Veterinary Dental Specialists Gilbert, PLLC</b><br>Fax (480)365-0680 | <input type="checkbox"/> <b>Desert Veterinary Medical Specialists</b><br><i>Imaging</i><br>Fax (480) 365-0641           | <input type="checkbox"/> <b>Southwest Veterinary Oncology, PLLC</b><br>Fax (480) 892-0540       |
| <input type="checkbox"/> <b>Dermatology for Animals, PC</b><br>Fax (480) 635-1177                        | <input type="checkbox"/> <b>Desert Veterinary Medical Specialists</b><br><i>Internal Medicine</i><br>Fax (480) 365-0641 | <input type="checkbox"/> <b>Southwest Veterinary Surgical Service, PC</b><br>Fax (480) 892-0540 |
| <input type="checkbox"/> <b>Eye Care for Animals, Inc.</b><br>Fax (480) 365-0680                         | <input type="checkbox"/> <b>Desert Veterinary Medical Specialists</b><br><i>Cardiology</i><br>Fax (480) 365-0641        |   |

Referring Veterinarian's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Hospital Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 Cell/Other: ( ) \_\_\_\_\_  
 Patient's Name: \_\_\_\_\_ Species: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Altered?  Y  N Age: \_\_\_\_\_

Primary Complaint/Reason for Referral: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If you feel extra information is needed, please attach additional page(s).**  
**We ask that you send all radiographs, ultrasound, CT and MRI images**  
 (even if they have no significant findings) with the client, and we will return them to your office.  
 Please FAX any **original lab reports** to our office, as well as records directly relating to this medical condition.  
 Please call our doctor if there is any immediate information you need to relay about this case.