



**Veterinary  
Medicine  
Specialists  
of D/FW**

## PATIENT REFERRAL FORM

2700 W HWY 114

GRAPEVINE, TX. 76051

682-223-9770

682-223-9771 (FAX)

VMSDFW.COM

### **REFERRING VETERINARIAN INFORMATION**

Doctor \_\_\_\_\_

Hospital \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

### **CLIENT AND PATIENT INFORMATION**

CAELEY J. MELMED, DVM

Client \_\_\_\_\_

DIPLOMATE, ACVIM

Phone #: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

(SMALL ANIMAL INTERNAL MEDICINE)

Patient \_\_\_\_\_ Dog / Cat \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_ M / F \_\_\_\_\_ Neutered / Intact \_\_\_\_\_

ERIKA HASCHKE PICKENS, DVM

### **REASON FOR REFERRAL**

DIPLOMATE, ACVIM

\_\_\_\_\_

(SMALL ANIMAL INTERNAL MEDICINE)

\_\_\_\_\_

\_\_\_\_\_

SHANE VERRET

### **DIAGNOSTICS PERFORMED**

OPERATIONS MANAGER

Lab Tests  Radiographs  Ultrasound / Echo

**Findings** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THERAPY TO DATE** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY (24-48 HOURS)  URGENT (3-5 DAYS)  STANDARD (5-10 DAYS)

**PLEASE FAX FORM AND ALL PERTINENT MEDICAL RECORDS ALONG WITH LAB TESTS AND IMAGING REPORTS**