

EMERGENCY & SPECIALTY

F **FREDERICKSBURG**
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M **MIDLOTHIAN**
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 Midlothian, VA 23112
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R **RICHMOND**
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 Richmond, VA 23221
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Services Requested: (please check all that may apply)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Emergency & Critical Care | <input type="checkbox"/> Surgery | <input type="checkbox"/> Dentistry |
| <input type="checkbox"/> Overnight Hospitalization | <input type="checkbox"/> Radioactive Iodine Therapy | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Physical Rehabilitation | <input type="checkbox"/> Oncology |

Referring Veterinary Information

Date: _____ Phone: _____ Fax: _____
 Referring Doctor: _____ Referring Hospital: _____

Patient & Client Information

Patient Name: _____ Age: _____ Sex: M F Neutered/Spayed
 Canine Feline Breed: _____ Color: _____
 Client Name: _____ Contact Number: _____

Patient History and Primary Concern for Transfer

(Please attach a copy of the medical record and all relevant diagnostic/lab work)

Diagnostics Sending radiographs or other diagnostic images with client Emailing radiographs or other diagnostic images— please send to the referral practice email listed at the top of this form

Treatment and Medication

Radioactive Iodine Referrals:

Date of Initial Diagnosis _____ Highest T4 Documented: _____

Responses to Tapazole if initiated:

Please attach: CBC w/ differential, complete biochemical profile, thyroid results, urinalysis with sediment, retrovirus testing for FELV and FIV and send two view thoracic and abdominal radiographs