

# PATIENT REFERRAL

Completing this form is optional. If you prefer, just give us a call.

Referral Direct Line: 404.459.6735

Gwinnett: 770.277.8600 | Sandy Springs: 404.459.6735 or 404.459.0903 | Westside: 404.649.6333



Primary DVM name \_\_\_\_\_

Email for confirmation \_\_\_\_\_

Client name \_\_\_\_\_

Client phone \_\_\_\_\_

Pet name \_\_\_\_\_

Canine                      Feline

Breed \_\_\_\_\_

DOB or estimated age \_\_\_\_\_

Weight \_\_\_\_\_ lbs                      kg

**Please indicate which service(s) you would like your patient to see:**

- |               |                    |                            |               |
|---------------|--------------------|----------------------------|---------------|
| Cardiology    | Emergency Medicine | Neurology & Neurosurgery   | Ophthalmology |
| Critical Care | I-131 Treatment    | Nutrition                  | Surgery       |
| Dermatology   | Internal Medicine  | Oncology/Radiation Therapy |               |

**Reason for referral to BluePearl, special requests, comments, current medications:**

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**Recent or pending diagnostics:**

- |          |     |            |             |
|----------|-----|------------|-------------|
| Biopsy   | CBC | Chemistry  | Culture     |
| Cytology | T4  | Urinalysis | Other _____ |

**Diagnostics pending from (lab name)** \_\_\_\_\_

**Are you sending radiographs?**

- No
- Yes, radiographs are being sent with the client.
- Yes, radiographs are being emailed to clientcare.ga@bluepearlvet.com.
- Yes, radiographs are being sent via Keystone.

**I am referring this patient to the following:**

- the appropriate specialty service.
- the emergency service and then, if needed, to a specialty service.
- the emergency service and, as appropriate, discharge the patient to go home or back to my hospital.

**My client would like to be seen at this location:**

- |               |          |
|---------------|----------|
| Gwinnett      | Westside |
| Sandy Springs |          |

**Is there a BluePearl DVM you have been speaking with about this case?**

- No                      Yes, name

For case transfer to **Gwinnett**, please send along relevant portions of the medical records to us at clientcare.ga@bluepearlvet.com or fax to 770.277.8694.

For case transfer to **Sandy Springs**, please send along relevant portions of the medical records to us at clientcare.ga@bluepearlvet.com or fax to 404.459.0237.

For case transfer to **Westside**, please send along relevant portions of the medical records to us at clientcare.ga@bluepearlvet.com or fax to 404.649.6299.