**PATIENT REFERRAL**

Please check the hospital you are referring to:

- **ANN ARBOR**
  - 4126 Packard Rd
  - Ann Arbor MI 48108
  - Phone 734.971.8774
  - Fax 734.971.1783

- **AUBURN HILLS**
  - 3412 E Walton Blvd
  - Auburn Hills MI 48326
  - Phone 248.371.3713
  - Fax 248.371.3714

- **GRAND RAPIDS**
  - 1425 Michigan St NE Ste F
  - Grand Rapids MI 49503
  - Phone 616.284.5300
  - Fax 616.284.5320

- **SOUTHFIELD**
  - 29080 Inkster Rd
  - Southfield MI 48034
  - Phone 248.354.6640
  - Fax 248.354.0303

**Acupuncture & Integrative Medicine**
- **Behavioral Medicine**
- **Cardiology**
- **Critical Care**
- **Dermatology**
- **Diagnostic Imaging**
- **Emergency Medicine**
- **I-131 Treatment**
- **Internal Medicine**
- **Neurology**
- **Neurosurgery**
- **Oncology**
- **Ophthalmology**
- **Surgery**

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**Date** ____________________________

**Preferred method of communication**
- [ ] Email
- [ ] Fax
- [ ] Phone

**Owner name** ____________________________

**Pet’s name** ____________________________

- [ ] Male
- [ ] Female
- [ ] Canine
- [ ] Feline
- [ ] Neutered
- [ ] Spayed

**Owner phone** ____________________________

**Pet’s age** __________

**Pet’s weight** __________

- [ ] lbs
- [ ] kg

**Referring clinic** ____________________________

**Phone** ____________________________

**Referring veterinarian** ____________________________

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I am transferring this patient to the emergency service

- [ ] and, if needed, to a specialty service.
- [ ] and, as appropriate, discharge the patient to go home or back to my hospital.
- [ ] for overnight care/observation and then transfer back to my hospital in the morning.

**Reason for referral** ____________________________

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**Relevant history/medications** ____________________________

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**Concurrent conditions** ____________________________

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**Previous diagnostics** (please fax or email)

**LABORATORY**
- [ ] CBC
- [ ] Chem
- [ ] UA
- [ ] Coagulation Panel

**RADIOGRAPHS**
- [ ] Thorax
- [ ] Abdomen
- [ ] Limb
- [ ] Other

**ULTRASOUND**
- [ ] Abdomen
- [ ] Echocardiogram
- [ ] Other

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*Please enclose copies of all pertinent diagnostics.*