

PATIENT REFERRAL



Please check the hospital you are referring to:

Overland Park

11960 West 110th St Suite B
Overland Park KS 66210

Phone 913.642.9563

Fax 913.381.0421

Lee's Summit

3495 NE Ralph Powell Rd
Lee's Summit MO 64064

Phone 816.554.4990

Fax 816.524.2973

Northland

139 NE 91st St
Kansas City MO 64155

Phone 816.759.5016

Fax 816.595.3072

- | | | | |
|---|---|------------------------------------|--|
| <input type="checkbox"/> After hours Emergency Services | <input type="checkbox"/> Dentistry & Oral Surgery | <input type="checkbox"/> Neurology | <input type="checkbox"/> Physical Rehabilitation |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Oncology | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Critical Care | | | |

Date _____

Owner name _____ Pet's Name _____

Referring Clinic _____ Phone _____ Referring Veterinarian _____

Reason for Referral _____

Immediate History _____

Concurrent Conditions _____

Previous Diagnostics

LABORATORY

- | | |
|--|---|
| <input type="checkbox"/> CBC | <input type="checkbox"/> Histopathology |
| <input type="checkbox"/> Chem | <input type="checkbox"/> Cytology |
| <input type="checkbox"/> UA | <input type="checkbox"/> Thyroid Panel |
| <input type="checkbox"/> Coagulation Panel | |

RADIOGRAPHS

- | |
|--------------------------------------|
| <input type="checkbox"/> Thorax |
| <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Limb |
| <input type="checkbox"/> Other _____ |

ULTRASOUND

- | |
|---|
| <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Echocardiogram |
| <input type="checkbox"/> Other _____ |

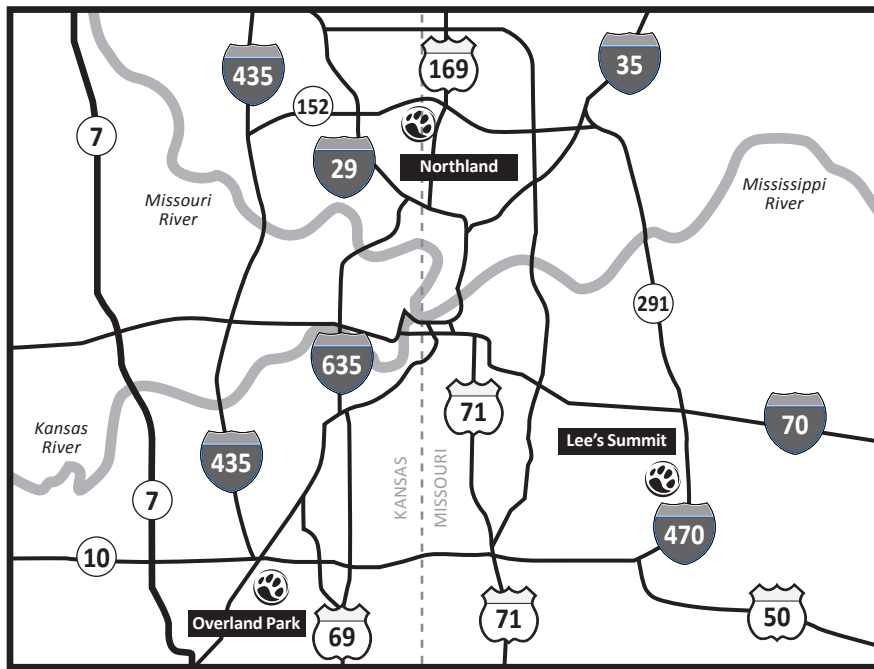
Other _____

***Please enclose copies of all pertinent diagnostics.**

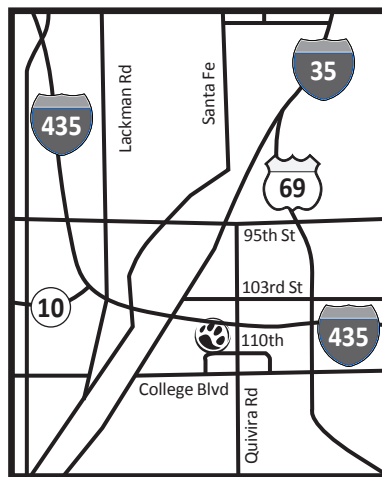
Current Medications and Dosages

Comments

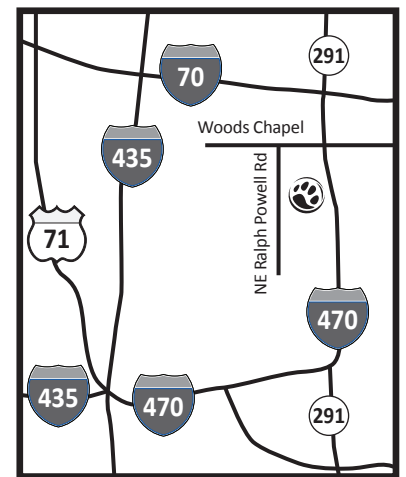
DO NOT FEED YOUR ANIMAL FOR 12 HOURS PRIOR TO YOUR APPOINTMENT
Please remember to bring: lab work, radiographs, all previous medications and this referral form.
If you need additional room to write, please use back of this page.



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