

Primary Veterinary Care Lab Work Form

Today's date _____

To allow us to properly assist you and provide care for our mutual patient and client, please complete this form and attach it with the patient's lab work results.

Send to **info.pitt@bluepearlvet.com** or fax to **412.366.3489**.

BluePearl specialty/service _____

BluePearl veterinarian _____

Referring veterinarian _____

Referring practice _____

Pet's name _____

Client's name _____

Current reason for pet's visit _____

Please list all vitals including weight and physical exam notes _____

Current medications _____

What is the reason for sending lab work results to BluePearl?

Please just file in BluePearl's medical record — no need to respond to referring veterinarian.

I, the referring veterinarian, am comfortable managing this patient, but have a question about this lab work. Please have the BluePearl veterinarian call me to discuss. All communications with the client will continue to come from the referring veterinarian.

Cell phone number for after-hour calls _____

Please have the specialist evaluate these results and provide further management direction to the client and referring veterinarian.

There will be a charge to the client from BluePearl for this service.

Referring veterinarian _____

Email address _____

Cell phone number for after-hour calls _____

Additional notes _____

PLEASE NOTE: Unless otherwise arranged, BluePearl veterinarians will communicate recommendations to the referring veterinarian. It is the referring veterinarian's responsibility to communicate these recommendations to the client.

North Hills
807 Camp Horne Rd.
Pittsburgh, PA 15237
412.366.3400
412.366.3489 (fax)

South Hills
1535 Washington Rd.
Washington, PA 15301
724.809.2000
412.366.3489 (fax)

PVSEC
PITTSBURGH VETERINARY
SPECIALTY & EMERGENCY CENTER

BluePearlVet.com