PATIENT REFERRAL

bluepearl
specialty + emergency
pet hospital

PARAMUS
☐ 545 Route 17 S
Paramus NJ 07652
Phone 201.527.6699
Fax 201.527.6690

☐ **Cardiology** ☐ **Critical Care** ☐ **Emergency Medicine** ☐ **Internal Medicine** ☐ **Oncology** ☐ **Surgery**

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** _____

I am transferring this patient to the emergency service

☐ and then, 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 _____

Immediate history/medications _____

Concurrent conditions _____

Previous diagnostics* (please fax or email)

LABORATORY
☐ CBC
☐ Chem
☐ UA
☐ Coagulation Panel
☐ Histopathology
☐ Cytology
☐ Thyroid Panel

RADIOGRAPHS
☐ Thorax
☐ Abdomen
☐ Limb
☐ Other _____

ULTRASOUND
☐ Abdomen
☐ Echocardiogram
☐ Other _____

Other _____

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

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