

**Pittsburgh Veterinary Specialty and Emergency Center (PVSEC)**

807 Camp Horne Rd., Pittsburgh, PA 15237

Phone: 412-366-3400 Fax: 412-366-3489

Date: \_\_\_\_\_

I am referring this case to the following service (please check one):

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Cardiology    | <input type="checkbox"/> Critical Care                      | <input type="checkbox"/> Dermatology        | <input type="checkbox"/> Dentistry      |
| <input type="checkbox"/> Emergency     | <input type="checkbox"/> Internal Medicine                  | <input type="checkbox"/> Medical Oncology   | <input type="checkbox"/> Neurology      |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> PetsDx(MRI/CT)                     | <input type="checkbox"/> Radiation Oncology | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Surgery       | <input type="checkbox"/> Surgical Radiographic Consultation |   |   |

REFERRING VETERINARIAN: \_\_\_\_\_

PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

Address 1: \_\_\_\_\_ Species: \_\_\_\_\_

Address 2: \_\_\_\_\_ Breed: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered? **Y N**

Wk/C Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Email: \_\_\_\_\_ Vaccine Status: \_\_\_\_\_

REASON FOR REFERRAL: \_\_\_\_\_

PERTINENT HISTORY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LAB RESULTS (fax blood work, cytology, & biopsy reports; send x-rays with owner)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS (DOSAGE / DURATION / RESPONSE) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS OR REQUESTS: \_\_\_\_\_

Please discuss the cost of specialty care with your client prior to referral.  
A tentative estimate will be provided when they call to make an appointment.

Office Use: Estimate: \_\_\_\_\_ Priority: \_\_\_\_\_ Initials: \_\_\_\_\_