

REFERRAL FORM

Veterinary Emergency
+ Critical Care

8650 W. TROPICANA AVENUE,
TROPICANA & DURANGO
STE. B-104 LAS VEGAS, NV 89147
PHONE: 702-262-7070

North Rainbow
Veterinary Emergency Hospital

4445 N. RAINBOW BLVD,
CRAIG & RAINBOW
LAS VEGAS, NV 89108
PHONE: 702-262-7080

Eastern Veterinary
Emergency Hospital

8405 S. EASTERN AVENUE,
BETWEEN WINDMILL & WIGWAM
LAS VEGAS, NV 89123
PHONE: 702-262-7090



Emergency Critical Care

Referred by Dr.:		Referring Hospital:	
Address:			
Phone:		Cell:	Fax:
Email:			
How would you like to be contacted: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail			
Did you Fax: <input type="checkbox"/> Pertinent Medical Records <input type="checkbox"/> Blood Work <input type="checkbox"/> Histopathology <input type="checkbox"/> Ultrasound Reports <input type="checkbox"/> Send Rads w/client			
Did you tell Client: <input type="checkbox"/> No food after 10 pm <input type="checkbox"/> H ₂ O is OK <input type="checkbox"/> Bring Rads from RDVM <input type="checkbox"/> Bring all current medications			
Name of Client:			
Address of Client:			
Home Phone:		Cell:	Work Phone:
Email:			
Patient's Name:			
Species:		Breed:	
Sex: <input type="checkbox"/> F <input type="checkbox"/> SF <input type="checkbox"/> M <input type="checkbox"/> CM <input type="checkbox"/> Unknown		Age:	Color:
Tentative Diagnosis/Chief Complaint:			
History/Physical Findings:			
Most Recent Vaccination (date & type):			
Treatments (Include medications and dosages):			
Laboratory Data (Attach copies of results):			
Special Request/Comments:			