



# Arizona Veterinary Specialists, LLC

86 West Juniper Avenue  
Gilbert, Arizona 85233

Phone: (480) 635-1110

## REFERRAL FORM

(Please check a specialty listed below)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b><u>Arizona Veterinary Dental Specialists Gilbert, PLLC</u></b><br>Fax (480) 365-0680 | <input type="checkbox"/> <b><u>Arizona Veterinary Oncology, PLLC</u></b><br>Fax (480) 892-0540                          | <input type="checkbox"/> <b><u>Desert Veterinary Medical Specialists</u></b><br>Radiology<br>Fax (480) 365-0641 |
| <input type="checkbox"/> <b><u>Dermatology for Animals, PC</u></b><br>Fax (480) 635-1177                         | <input type="checkbox"/> <b><u>Desert Veterinary Medical Specialists</u></b><br>Internal Medicine<br>Fax (480) 365-0641 | <input type="checkbox"/> <b><u>Southwest Veterinary Surgical Service, PC</u></b><br>Fax (480) 892-0540          |
| <input type="checkbox"/> <b><u>Eye Care for Animals</u></b><br>Fax (480) 365-0680                                | <input type="checkbox"/> <b><u>Desert Veterinary Medical Specialists</u></b><br>Cardiology<br>Fax (480) 365-0641        |   |
| <input type="checkbox"/> <b><u>Emergency Animal Clinic, PLC</u></b><br>Fax (480) 497-9575                        |   |   |

Referring Veterinarian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell/Other: ( ) \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Altered?  Y  N Age: \_\_\_\_\_

Primary Complaint/Reason for Referral: \_\_\_\_\_

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**If you feel extra information is needed, please attach additional page(s).**

**We ask that you send all radiographs, ultrasound, CT and MRI images**

(even if they have no significant findings) with the client, and we will return them to your office.

Please FAX any **original lab reports** to our office, as well as records directly relating to this medical condition.

Please call our doctor if there is any immediate information you need to relay about this case.