



1660 Euclid Avenue. Helena, MT 59601 • Phone: 406-449-3539 • Fax: 406-551-4159 • Email: mtvetclinic@gmail.com • Office hours: M-F 8:00am -5:30pm.

**Patient Referral Form**

**Britt W. Culver, DVM, DACVIM**

Today's Date \_\_\_\_\_

Referring Veterinarian \_\_\_\_\_

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

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Best time/day to contact you \_\_\_\_\_

Referral Request: As the referring veterinarian, my expectations for this case are as follows: (Please check all that apply)

- Referral for the following procedure(s): \_\_\_\_\_
- Overnight care and return in the morning
- Hospitalization for definitive care
- Fine Needle Aspirate ok if recommended by Dr. Culver
- Biopsy ok if recommended by Dr. Culver

IMPORTANT NOTE: In recognition of changes in patient condition, doctor's evaluation and client wishes, Montana Veterinary Specialists and General Care reserves the right to change diagnostic or therapeutic plans for any patient when good clinical judgment dictates.

Client's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Presenting Complaint \_\_\_\_\_

History \_\_\_\_\_

Diagnostic Tests Performed \_\_\_\_\_

Treatment/Medications \_\_\_\_\_

Response to Therapy \_\_\_\_\_

Additional Comments \_\_\_\_\_

Please send the following to us via fax or email:

- Pertinent medical history record
- Pertinent laboratory work
- Radiographs
- Other \_\_\_\_\_

We can schedule an appointment once we receive this referral form and all pertinent records, laboratory work and radiographs.

THANK YOU FOR YOUR REFERRAL. We will stay in close communication with you about your patient's care.