## Suffolk Veterinary Group Animal Wellness and Laser Surgery Center 856 Middle Country Road \* Selden \* New York \* 11784 \* 631-696-2400 \* www.SuffolkVeterinaryGroup.com

Today's Date:\_

## **Laser Surgery Center Patient Referral Form**

\*For Faster Service, Please Fax This Form And All Other Relevant Information To 631-696-8562 \* In Order That We May Prepare Records For Your Patient Ahead Of Their Consultation, Thank You

Use this referral form as	fax cover sheet				
Number Of Pages:					
Referral Information: Referring Doctor:					
Referring Hospital:					
Hospital Phone:	X:		Stamp Hospital Contact Information Here		
Best Time To Contact Referring	Doctor:			Stamp Hospital Contact I	
Client Information: Client Name First:		before they Leave four Office, thank fou			
Home Phone:Cell Phone:					
Consultation Appointment Date/	Time Request:				
Patient Information: Patient Name:			_	Hours: M-Ths 9am-7pm, S  Gende	_
Age:	_Weight:	Color:		Markings:	
Patient Medical History: Tentative Diagnosis/Surgical Pro	cedure Needed:_				
Most Recent Heartworm Testing	Date:			Result:	
Most Recent Rabies Vaccination	Date:			Due:	
Current Medications/Treatments	<b>::</b>				
Comments/History:					
Pre-Surgical Information: Radiographs Taken (circle one): Pre-Anesthetic Blood Panels (circ Labs (please, fax any relevant pre-s Comments:	ele one): Yes (ple			No No nank you)	

Thank you so very much for the referral of your patient to the Suffolk Veterinary Group Laser Surgery Center, we promise to take the very best care of them. We will contact you promptly as soon as the patient is recovered from anesthesia to give you all the relevant information regarding the procedure and outcomes, and to schedule your patient's necessary follow-up care at you office for you.