

REFERRAL FORM

601 Vernon L. Tharp Street
Columbus Ohio 43210-1089
614/292-3551 fax 614/292-1454



**Veterinary
Medical Center**

SCHEDULED APPOINTMENT: DATE: _____ TIME: _____
EMERGENCY APPOINTMENT: ETA: _____

SERVICE REQUESTED:

- | | | |
|---|--|---|
| <input type="checkbox"/> Emergency/critical care | <input type="checkbox"/> Radiation Oncology | <input type="checkbox"/> Theriogenology |
| <input type="checkbox"/> Dermatology/Otology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Small Animal Behavior |
| <input type="checkbox"/> General/Orthopedic surgery | <input type="checkbox"/> Oncology/Hematology/
Radiation | <input type="checkbox"/> Ophthalmology |
| | <input type="checkbox"/> Cardiology/Interventional
Medicine | <input type="checkbox"/> Neurology/Neurosurgery |

Client name: _____ Client phone number: _____

Pet name: _____ Cat Dog Other Breed: _____

DOB: _____ Color: _____ Sex: M F MC FS

Current on vaccines: no yes Date of last rabies vaccination: _____

Diagnostics: not performed faxed sent with owner

Radiographs: analog/CD sent with owner

Digital Images SEND TO: AE Title: CVMDICOM Hostname: 140.254.66.216 PORT: 104

Patient ID: _____ Date of Study: _____

CURRENT MEDICAL PROBLEMS/SPECIAL REQUESTS

PLEASE ATTACH HISTORY AND AVAILABLE CLINICAL PATHOLOGY RESULTS

APPOINTMENTS: Please have clients call (614)292-3551 for all non-emergency cases. The referring DVM can call the referral coordinator, Stephanie Yochem (614)292-0950 for all emergency/urgent cases.

The OSU VMC operates on payment-at-the-time of service basis for all outpatient office visits. If the animal is admitted, a minimum deposit equal to 50% of the high end of the estimate range provided is required for all inpatient (hospitalized) cases prior to admission. Payment for the balance of charges is due upon release of an inpatient for the hospital. Please call Accounting (614) 292-1360 for more information regarding our credit policy.

REFERRING VETERINARIAN: _____

CLINIC NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____