



PATIENT REFERRAL FORM

VCA Veterinary Referral Associates
500 Perry Parkway
Gaithersburg, MD 20877
Ph 301.926.3300 | Fx 301.977.1308
www.vcavra.com

Date _____ Referral to (check off your department selection below)

<input type="checkbox"/> ER/CC	<input type="checkbox"/> IM	<input type="checkbox"/> Medical Oncology	<input type="checkbox"/> Radiation Oncology	<input type="checkbox"/> Diagnostic Imaging	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Exotics	<input type="checkbox"/> Soft Tissue Surgery	<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Neurology/Neurosurgery	<input type="checkbox"/> Rehabilitation	

Referring Veterinarian/Clinic Information

Referring DVM and Clinic Name _____
 Address/State/Zip _____
 Telephone _____ Fax _____
 Email _____

Patient Information

Patient Name _____	Species _____
DOB _____	Breed _____
Age _____	Color _____
Male <input type="checkbox"/> Female <input type="checkbox"/>	Altered? Yes <input type="checkbox"/> No <input type="checkbox"/>

Pet Owner's Name and Contact Information

Name _____
 Address/State/Zip _____
 Home Tel _____ Work Tel _____ Mobile Tel _____
 Email _____

PATIENT CASE HISTORY

Condition of patient _____ Healthy Stable Critical
 Presenting complaint/chief medical concerns _____

Reason for referral _____

Pertinent Medical History (including vaccination history) _____

Current Diagnostics/Treatments/Medications (including dosages) _____

Sending with patient: _____ copy of entire medical record _____ lab reports _____ radiographs _____ ECG _____
 Other medical records (please specify) _____

REFERRAL INSTRUCTIONS

VETERINARIANS: When referring your patient to VRA, please complete this form prior to referral. You may print it, handwrite your entries and fax it to us at fax #301.977.1308 or type directly into the form, save and email it to au181@vcahospitals.com (or print and fax to us). Pertinent medical records may also be faxed along with the referral form or scanned and emailed to us or you may have the pet owner bring the records along with them to their pet's appointment. If you require assistance, have questions or wish to discuss your patient's case prior to referral, please call us at 301.926.3300 and a staff member will be happy to help you.

IMPORTANT: PLEASE COMPLETE THIS FORM AND FAX OR EMAIL IT TO VETERINARY REFERRAL ASSOCIATES