

Pittsburgh Veterinary Dermatology Referral Form

807 Camp Horne Rd., Pittsburgh, PA 15237

Phone: 412-366-3400 Fax: 412-366-3489

Date: _____

REFERRING VETERINARIAN: _____

PRACTICE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

OWNER NAME: _____ PATIENT NAME: _____

Address 1: _____ Species: _____

Address 2: _____ Breed: _____

Home Phone: _____ Sex: _____ Neutered? **Y N**

Wk/C Phone: _____ Age: _____ Weight: _____ Kg

Email: _____ Vaccine Status: _____

REASON FOR REFERRAL: _____

PERTINENT HISTORY: _____

LAB RESULTS (fax blood work, cytology, & biopsy reports; send x-rays with owner)

MEDICATIONS (DOSAGE / DURATION / RESPONSE):

REMARKS OR REQUESTS: _____

Please discuss the cost of specialty care with your client prior to referral.

A tentative estimate will be provided when they call to make an appointment.

Office Use: Estimate: _____ Priority: _____ Initials: _____