

METROPOLITAN VETERINARY SPECIALISTS AND EMERGENCY SERVICE

Phone: 502-266-7007 Fax: 502-266-7375

Case Referred To:

Surgery

Internal Medicine

Neurology

Emergency

Ophthalmology

Dentistry

PATIENT REFERRAL FORM

Date _____

Patient _____

Owner _____

Age/Weight _____

Address _____

Sex: MN M FS F

City/State/Zip _____

Species: Canine Feline Other _____

Phone _____

Breed _____

Patient Problem _____

Case History: _____

Diagnostics Performed (please attach any laboratory/diagnostic reports): _____

Treatment to Date: _____

Referring Veterinarian _____ Telephone / Fax _____

*Animal should not be fed for 12 hours prior to an appointment (water is okay).

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Internal Medicine

Catherine A. Daley, DVM Diplomate, ACVIM	Scott A Campbell, DVM Diplomate, ACVIM Diplomate, ACVECC
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Neurology

Debbie S. Ruehlmann, DVM
Diplomate, ACVIM (Neurology)

Dentistry

Patrick H. Odenweller, DVM (Practice Limited to Dentistry)

Surgery

Aric A. Applewhite, DVM Diplomate, ACVS	Randall A. Graehler, DVM Diplomate, ACVS
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Benjamin C. Neat, DVM Diplomate, ACVS	Stephen R. Royals, DVM Diplomate, ACVS
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Ophthalmology

Jason S. Clark, DVM
Practice Limited to Diseases of the Eye