

Cat Clinic North, 2665 Five Mile Rd NE, Grand Rapids MI 49505
616-364-1211 Fax: 616-364-9571 www.catclinics.com

DOCTOR REFERRAL INFORMATION

Referring Doctor: _____

Referring Hospital: _____

Hospital Address: _____

Phone number: _____ Fax number: _____

Cell (if desired): _____ Home (if desired): _____

Best time and numbers to contact referring doctor: _____

Client name: _____ Patient name: _____

Purpose of referral:

- Feline internal medicine
 - Consult only (patient returns to referring veterinarian for treatment)
 - Full (temporary) transfer of care (including treatment)
- Feline soft tissue / laser surgery
 - Please specify: _____
- Procedure only
 - Blood pressure
 - Ultrasound
 - Cardiac
 - Abdominal
 - Other: _____
- I-131 Radioactive Iodine
- Behavioral Consult
- Other: _____

Brief history (please attach a summary of the medical history): _____

Lab data summary: (please enclose copies): _____

Radiographs: () Enclosed () Please return _____

Would you like us to discuss results and options with you first () or directly with your clients? ()

Please note: We are NOT a 24-hour hospital. If patients require 24-hour critical care, they will be transferred to the Animal Emergency Hospital in Grand Rapids, or we may recommend they go to MSU Intensive Care Unit for continuous care and monitoring.

Thank you for your referral!