



VCA Highlands Ranch Animal Specialty & Emergency Center

5640 County Line Place, Suite 1

Highlands Ranch, CO 80126

Phone: (303)-740-9595 Fax: (303)-740-9569

Email: AU1049@VCA.COM

New Patient Referral Information/Medical Records Request

Referral to: Critical Care Dentistry Internal Medicine Oncology Surgery ER Transfer

Client: _____ Phone #: _____
Patient: _____
Species: _____ Breed: _____
Age: _____ Sex (please circle): Female/Spayed Female Male/Neutered Male

Referring Veterinarian: _____ Phone: _____
Referring Clinic/Hospital: _____ Fax: _____

Reason for Referral: _____

Brief History: _____

Physical Findings: _____

Diagnostics/Date Performed:
CBC ___/___ CHEM ___/___ XRAYS ___/___ ULTRASOUND ___/___ OTHER _____

Provisional Diagnosis: _____

Current Medications/Treatment: _____

Additional Comments: _____

We are requesting medical records, laboratory results, and radiographs from the past year for the patient listed above. Thank you very much for the referral of this patient. We will contact you after the initial examination via formal referral letter. Please contact us with any questions or concerns that you may have.

SPECIALISTS

Rob Vonau, DVM, DACVS
Edward R. Eisner, DVM, DAVDC
Steffen Sum, DVM
Scott Hafeman, DVM, PhD

(Surgery)
(Dentistry)
(Internal Medicine)
(Oncology)

EMERGENCY DOCTORS

David Daitch, DVM
Megan Edwards, DVM