

BLUEGRASS VETERINARY



1591 Winchester Road, Suite 106
Lexington, KY 40505
Phone: (859)268-7604 Fax: (859)335-8635
www.bgvets.com
info@bluegrassvets.com

Referral Form

Requested Referral To: Internal Medicine Surgery Integrative Medicine/HBOT

REFERRAL PARTNER INFORMATION

Referring Doctor: _____

Hospital: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

Email: _____ Contact Preference: Phone Fax Email Portal

PATIENT/CLIENT INFORMATION

Client Name: _____ Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Breed: _____ Age: _____ Color: _____

Animal: Canine Feline Other Sex: Male Neutered Male Female Spayed Female

REFERRAL REASON

MEDICAL HISTORY (including presenting complaint)

PERTINENT DIAGNOSTIC FINDINGS

TREATMENTS RECEIVED (including mg dosage)

MEDICAL RECORDS INFORMATION

- Patient is arriving with a copy of the records, lab results, and/or radiographs
- Records, lab results, and/or radiographs have been sent via the online Veterinarian's Portal
- Patient's records, lab results, and/or radiographs were faxed over (Fax: 859-335-8635)