VETERINARY CANCER GROUP
There is Help • There is Hope
thrive PET HEALTHCARE PARTNER

Patient Referral Form

To optimize patient care, we triage our new patient appointments to schedule those with urgent concerns quickly. Please fill out this form and send it with medical records, so we may accurately book your client's first appointment. For patients who are in need of oncology assessment prior to our next available appointment, we welcome r**eferring veterinarians** to contact our team of oncologists directly to discuss the case and triage recommendations.

Referral Information:

Hospital Name: _____ Doctor Name: _____

Client Name(s): _____ Client Contact Number: _____

Patient Name: _____ Species: _____

Diagnosis/Tentative Diagnosis: Disease Location:

Have any medical treatments or medications been initiated for this problem? ☐ **Y** ☐ **N** if yes, please list details

Diagnostic(s) performed (check all that apply):

☐ Bloodwork ☐ Cytology ☐ Biopsy ☐ Radiograph(s) ☐ Ultrasound ☐ Bone Scan ☐ CT ☐ MRI

***** Please attach all medical records & diagnostics when returning this form, send an email link to DICOM images.***

Write any additional information you think we may need on the lines below:

Los Angeles - CA **Culver City** Phone 310-558-6120 Fax 310-558-6121 la.info@vetcancergroup.com Monday-Friday	**Orange County - CA** **Tustin** Phone 949-552-8274 Fax 949-936-0086 oc.info@vetcancergroup.com Monday - Friday	**San Fernando Valley - CA** **Woodland Hills** Phone/Fax 818-888-6882 sfv.info@vetcancergroup.com Monday - Friday	**South Bay - CA** **Torrance** Phone 310-693-5890 Fax 714 494-8000 sb.info@vetcancergroup.com Tuesday - Friday
	San Diego County - CA **La Mesa** Phone/Fax 619-573-1776 lm.info@vetcancergroup.com Monday - Thursday	**Clark County - Nevada** **Las Vegas** Phone/Fax 702-665-7561 lv.info@vetcancergroup.com Monday - Thursday	

info@vetcancergroup.com * Medical records can be accessed from all locations * www.vetcancergroup.com