



Central Toronto
Veterinary
Referral Clinic

1051 Eglinton Ave West
Toronto, ON M6C 2C9
P: 416-784-4444
F: 416-784-4404
info@ctvrc.ca

REQUEST FOR INTERNAL MEDICINE REFERRAL

Michael Goldstein, DVM Diplomate ACVIM (Internal Medicine)

Referring Veterinarian: _____ Date: _____

Referring Clinic: _____

Clinic Phone Number: _____ Clinic Fax Number: _____

Client Name: _____

Client Phone Number(s): _____

Client Email Address: _____

Pet's Name: _____ Species: _____ Colour: _____

Breed: _____ Age: _____ Sex: M F Spayed/Neutered: Y N

Presenting Complaint: _____

Synopsis of the patient medical history:

Is the appointment for a(n):

- Internal Medicine Consult
- Consult and Ultrasound
- Ultrasound ONLY

Current Medications: _____

Allergies/Drug Reactions: _____

Laboratory Data Included: Yes No

Radiographs: Emailed Sent with owner No Radiographs