



### PATIENT REFERRAL FORM

**\*\* PLEASE COMPLETE THIS FORM AND RETURN VIA FAX 719-434-9502  
OR EMAIL [referrals@SouthernRockiesAnimalER.com](mailto:referrals@SouthernRockiesAnimalER.com) \*\***

#### REASON FOR REFERRAL:

*Radioiodine (I-131)    Rehabilitation    Surgery*

*Diagnostic Imaging:    O Ultrasound    O CT scan*

**Referring Veterinarian**

Referring DVM: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Preferred Method of Contact:  Phone /  Fax /  E-Mail

**Patient Information**

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  M /  NM /  F /  SF

Diagnosis: \_\_\_\_\_

Previous Medical Conditions: \_\_\_\_\_

**Reason For Referral:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Brief Medical History:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Latest Treatments / Medications Administered:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*PLEASE SEND ALL PERTINENT X-RAY, LAB WORK, AND MEDICAL RECORDS TO  
719-434-9502 -OR- [referrals@SouthernRockiesAnimalER.com](mailto:referrals@SouthernRockiesAnimalER.com) \*\***



5886 Tutt Blvd | Colorado Springs, CO 80923  
Phone (719) 473-0482 | Fax (719) 434-9502

## *Specialty and Referral Services*

### **REQUEST FOR PATIENT RECORDS**

TO:  
Fax:  
Phone:  
Request Submitted:

Patient:  
Client:

**\*\*Please send records ASAP or on the same date as this request is received.\*\***

Powers Pet Emergency & Specialty is requesting the following information regarding the above-mentioned patient:

- Complete the attached Referral Form
- Doctor's notes and pertinent patient history for the last 6 months
- Lab tests and results, completed and pending
  - All labs included       Pending: \_\_\_\_\_       None
- Imaging (Radiographs, Ultrasounds, CT)
  - Hard copy or disc with client     E-Mail to [referrals@powerspetemergency.com](mailto:referrals@powerspetemergency.com)     None

Special Requests / Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email: [referrals@SouthernRockiesAnimalER.com](mailto:referrals@SouthernRockiesAnimalER.com) (preferred)**  
**Fax: (719) 434-9502**

**Thank you for getting records to us quickly to ensure the best possible care for the patient.**  
**Please let us know if you have any questions.**  
**(719) 473-0482**