



9220 Estero Park Commons Blvd. #7  
Estero, FL 33928  
P: (239) 992-8878  
F: (293) 992-0884  
flvrrecords@flvr.com

### VETERINARIAN REFERRAL FORM

If you are referring one of your patients to our center, please complete the Referral Form below.

You will receive a copy of the patient’s medical report and/or a doctor’s letter so that your patient’s care is seamless. We look forward to partnering with you, and welcome your telephone calls, faxes, and e-mails. If you would like to consult with one of our doctors on a particular case, or have questions regarding a patient that is currently undergoing treatment at our facility, please don’t hesitate to contact us.

To make an emergency/critical care transfer: Please call FVRC in advance at [\(239\) 992-8878](tel:2399928878), so we can be adequately prepared. Our client care team will confirm the details and connect you with the appropriate department and doctor to ensure a seamless transfer.

#### REFERRING VETERINARIAN INFORMATION

Referring Practice Name: \_\_\_\_\_

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

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

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

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

#### CLIENT INFORMATION

Client Name: \_\_\_\_\_

Client Phone: \_\_\_\_\_ Client Email: \_\_\_\_\_

#### PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Patient Age: \_\_\_\_\_ Patient Species: \_\_\_\_\_

Patient Breed: \_\_\_\_\_ Patient Color/Marking: \_\_\_\_\_

Patient Sex-Status:    Male-Neutered    Male-Unaltered    Female-Spayed    Female-Unaltered

Recent Vaccination Dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Patient is Referred to (please circle):

Emergency/Critical Care

Internal Medicine

Surgery



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Is additional information being sent with the client?

- Radiographs and/or other records sent with client
- Radiographs and/or other records sent separately
- No radiographs

Reason for Referral: \_\_\_\_\_

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History: \_\_\_\_\_

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Diagnostics: \_\_\_\_\_

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Treatments/Medications: \_\_\_\_\_

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Client Communications: \_\_\_\_\_

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Other Pertinent Information: \_\_\_\_\_

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