

1836 Hendersonville Road, Asheville, NC 28803 Phone: (828) 210-8285 Fax: (828) 210-8287

Consult/Referral Form

Please choose one of the options and fill out the form completely.

☐ Standard Specialty Referral (no phone consult needed)		Asneville Departments:							
☐ Phone Consult Only (no referral currently)		☐ Emergency & Critical Care							
Please note: standard phone consults may take up to 72 hours to be addressed. □ Phone Consult & Referral Please note: standard phone consults may take up to 72 hours to be addressed.		☐ Anesthesiology & Pain Management☐ Internal Medicine☐ Neurology & Neurosurgery							
					□ Urgent Referral		☐ Oncology (Medical)		
							☐ Ophthalmology		
□ Surgery									
	•		<u>'</u>						
Doctor:	Patient:	Patient:							
Hospital Name:	_ Species/Br	pecies/Breed:							
Hospital Phone: (extext	_ Color:	Age:	Sex:	Weight:					
Hospital Fax:	Client Name:								
Hospital E-mail:	Client Phone: ()								
Alternate Phone: (Client E-mail:								
Note: alternate number is needed since we may need to									
return your call after normal business hours.									
Reason for consult/referral:									
Case Summary (Please attach pertinent history and labora	torv results i	f needed):							