



SURGICAL REFERRAL

Referring DVM _____

Clients Name _____

Hospital _____

Address _____

Address _____

Phone # _____

Patient's Name _____

Phone # _____

DOB _____ Breed _____

Fax # _____

Sex: M F Neutered: Y N

- Please fax referral form prior to appointment (630-307-8195).
- We require all surgical patients to be current on Rabies and Distemper vaccines & Heartworm test
 - Pre-surgical bloodwork is mandatory
- Please send all relevant laboratory results, records and radiographs with the owner.
- All radiographs will be returned with owner or by mail.
- Please be assured we will treat your patient as a referral only!
- **Thank you for your confidence in referring your patient to our hospital!**

Reason for Referral: _____

Pertinent medical history: _____

Pertinent laboratory tests: _____

Current medications: _____

Previous therapy and medications:

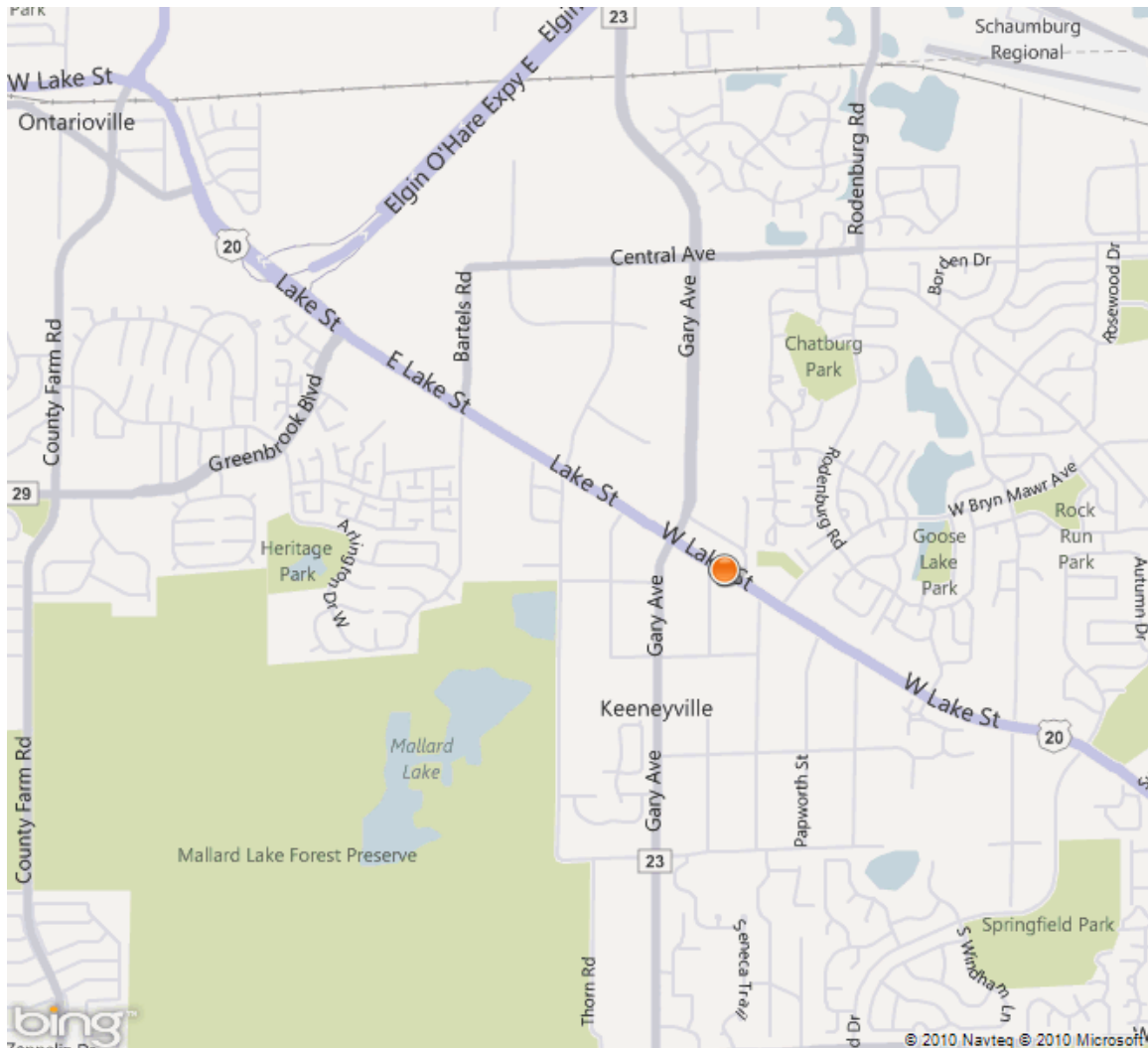
Drug	Dose	Date(s)	Duration of Tx	Response
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Lake Street Animal Hospital

Phone Number: 630-894-6220

Directions:

We are located in the **Corner Stone Plaza** on the North East corner of Lake Street and Gary Avenue in Roselle.
We are next to the Tilted Kilt Pub and Eatery.



From the South:

Gary Avenue North to Lake Street (Rt. 20) turn right; to Colby Commerce Dr. (entrance to shopping plaza) turn left.

From the North:

Elgin O'hare Expressway West; exit Gary Avenue South to Lake Street (Rt. 20) turn left; to Colby Commerce Dr. (entrance to shopping plaza) turn left.

From the West:

Lake Street (Rt. 20) East; to Colby Commerce Dr. (entrance to shopping plaza) turn left.

From the East:

Lake Street (Rt. 20) West; to Colby Commerce Dr. (entrance to shopping plaza) turn right.

OR

Elgin O'hare Expressway West; exit Gary Avenue South to Lake Street (Rt. 20) turn left; to Colby Commerce Dr. (entrance to shopping plaza) turn left.