Advanced Internal Medicine FOR PETS

SUBMIT REFERRAL VIA EMAIL: info@advancedIMforpets.com OR FAX: 513-493-0764

PATIENT REFERRAL

11841 Mason Montgomery Road | Cincinnati, OH 45249 | advancedIMforpets.com | 513-906-8444
MyRadCat.com

Date: _____

Referring Veterinarian Information

Referring Veterinarian: Phone:

Clinic:

☐ Phone: ☐ Email: ☐ Fax:

PLEASE INDICATE PREFERRED METHOD OF CONTACT, INCLUDING CONTACT INFO.

Specialty Service Requested

☐ Abdominal Ultrasound ☐ FNA ☐ Non-Cardiac Thoracic Ultrasound ☐ Ultrasound Guided Biopsy ☐ Endoscopy
☐ RadCat (Radioactive Iodine for Cats with Hyperthyroidism) ☐ CT Scheduling (Performed at AEI) ☐ Other _____

Patient Information

Patient Name: Patient #: ☐ M ☐ M/N ☐ F ☐ F/S

☐ Canine ☐ Feline Weight: Age: Breed:

Owner's Name: Phone:

Street Address: Email*:

City: State: Zip:

* EMAIL ADDRESS NEEDED FOR DISCHARGES

Patient History & Reason for Referral

Pertinent Laboratory Results

Drugs (please list all) – Dosage & Interval

Chronic or Concurrent Diseases Being Managed

Enclosures (Please include ALL lab results from past 3 months)

☐ CBC/Chem ☐ UA ☐ Culture ☐ X-rays ☐ FeLV/ FIV ☐ 4DX/Accuplex ☐ Fecal ☐ Other: _____