



**REGIONAL  
VETERINARY  
REFERRAL  
CENTER**

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Doctor & Hospital Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 6651-F Backlick Road, Springfield VA 22150 (703-451-8900) (Fax 703-451-3343) [www.vetreferralcenter.com](http://www.vetreferralcenter.com) [rvc@erols.com](mailto:rvc@erols.com)

**Please Specify The Veterinarian You Are Referring To:**

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

Age: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Presenting Complaint: \_\_\_\_\_

History/Physical Examination: (please provide a copy of original records)

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

Please provide copies of all the pertinent labs (CBC, diagnostic panel, UA, C&S ), imaging (radiographs, MRI, CI ) and other diagnostics Current Medications: \_\_\_\_\_

Should we contact you at home if there are significant changes? Phone number: \_\_\_\_\_

If this is an emergency case, would you like this case returned the following day? Yes\_\_ No\_\_

<p><b>Cardiology</b>          Bonnie K. Lefbom, DVM, DACVIM          Jennifer A. Sidley, DVM, DACVIM</p> <p><b>Dermatology</b>          Bruce L. Hansen, DVM, DACVD          Rebekah Westermeyer DVM, DACVD</p> <p><b>Emergency/Critical Care</b>          Rand S. Wachsstock, DVM          Randy Derbin, VMD          Melane S. Galanis, DVM          Montine Mansell, DVM          Colleen Mullally, DVM          Kathy Olsen, DVM</p>	<p><b>Internal Medicine</b>          Clayton G. Kilrain, DVM, ACVIM</p> <p><b>Neurology</b>          Deena Tiches, DVM, DACVIM          William Bush, VMD, DACVIM          Joli Jarboe, DVM, DACVIM          Dave Brewer, DVM, DACVIM</p> <p><b>Radiation Oncology</b>          Nancy Gustafson, DVM, MS, DACVR</p>	<p><b>Radiology</b>          David S. Herring, DVM, DACVR</p> <p><b>Rehabilitative Therapy</b>          Morgan Francis, MS, PT, CCRP</p> <p><b>Surgery &amp; Surgical Oncology</b>          Greg Griffin, MVB, MRCVS, DACVS, DECVS          Rochelle B. Anderson, DVM, DACVS          Miriam B. Talaat, DVM, DACVS</p>
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