



**REGIONAL
VETERINARY
REFERRAL
CENTER**

703.451.8900

WE LOVE THEM LIKE YOU DO

Doctor & Hospital Name: _____
 Phone: _____ Fax: _____
 Date: _____
 6651-F Backlick Road, Springfield VA 22150 (703-451-8900) (Fax 703-451-3343) www.vetreferralcenter.com 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>Cardiology Bonnie K. Lefbom, DVM, DACVIM Jennifer A. Sidley, DVM, DACVIM</p> <p>Dermatology Bruce L. Hansen, DVM, DACVD</p> <p>Emergency/Critical Care Rand S. Wachsstock, DVM J. Michael Walters, DVM, MS, DACVECC Montine Mansell, DVM Randy Derbin, VMD Kathy Olsen, DVM</p>	<p>Internal Medicine Clayton G. Kilrain, DVM, ACVIM</p> <p>Radiation Oncology Nancy Gustafson, DVM, MS, DACVR</p> <p>Radiology David S. Herring, DVM, DACVR</p>	<p>Rehabilitative Therapy Morgan Francis, MS, PT, CCRP</p> <p>Surgery & Surgical Oncology Greg Griffin, MVB, MRCVS, DACVS, DECVS Rochelle B. Anderson, DVM, DACVS</p>
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