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## CARDIOLOGY PATIENT REFERRAL FORM

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**REFERRAL INFORMATION:**

Referring Veterinarian: \_\_\_\_\_

Referring clinic name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred contact for records?

E-mail

Fax

**PATIENT INFORMATION:**

Owner name: \_\_\_\_\_

Patient name: \_\_\_\_\_

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

**PRIMARY CONCERN:** \_\_\_\_\_

**BRIEF CLINICAL HISTORY:** \_\_\_\_\_

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**PATIENT MEDICATIONS AND INTERVENTIONS:** \_\_\_\_\_

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**ADDITIONAL COMMENTS:** \_\_\_\_\_

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PLEASE SEND COMPLETE MEDICAL RECORDS TO [BVSECCARDIO@PATHWAYVETS.COM](mailto:BVSECCARDIO@PATHWAYVETS.COM) (EMAIL) OR 541-318-1665.