Michiana Animal Rehab Services

515 East Warren Street
Middlebury, IN 46540
Phone: 574-825-9578
Fax: 574-825-5736

PATIENT REFERRAL FORM

BY APPOINTMENT ONLY:
8:00am - 5:30pm (M, T, Th, F)

DATE _____

REFERRING VETERINARIAN _____

HOSPITAL NAME _____

ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE _____ FAX _____ BEST TIME/DAY TO CONTACT YOU _____

REFERRAL REQUEST: As the referring veterinarian, my expectations for this case are:

_____

_____

IMPORTANT NOTE: *In recognition of changes in patient condition, doctor's evaluation and client wishes, Michiana Animal Rehabilitation Services reserves the right to change therapeutic plans for any patient when good clinical judgment dictates.*

CLIENTS NAME _____

ADDRESS _____

TELEPHONE _____ PETS NAME _____ SPECIES _____

BREED _____ AGE _____ SEX _____ WEIGHT _____

PRESENTING COMPLAINT _____

HISTORY _____

DIAGNOSTIC TESTS PREFORMED _____

TREATMENTS/MEDICATIONS _____

RESPONSE TO THERAPY _____

ADDITIONAL COMMENTS _____

_____

_____

Please ask your clients to call us for an appointment. Please send the following records via fax or email.

_____ Medical history _____ Radiographs _____ Copies of pertinent laboratory work

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Thank you for your referral! We will communicate with you on a regular basis about your patient's care.