Michiana Animal Rehab Services

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

BY APPOINTMENT ONLY:
8-5:30 Monday-Friday

PATIENT REFERRAL FORM

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**

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