Southern Counties VETERINARY SPECIALISTS

SOUTHERN COUNTIES VETERINARY SPECIALISTS

Form R1

SUBMISSION FORM FOR REFERRAL

PLEASE COMPLETE AND FAX TO US FOR EVERY PATIENT REFERRED

IF REFERRING THE CASE SOLELY FOR CT/MRI PLEASE USE THE SUBMISSION FORM FOR CT/MRI (FORM IM1)

PRACTICE DETAILS

VETERINARY SURGEON .....

PRACTICE .....

ADDRESS .....

.....

.....

POSTCODE .....

TEL .....

FAX .....

EMAIL .....

PATIENT DETAILS

OWNER NAME .....

OWNER ADDRESS .....

.....

POSTCODE .....

OWNER TEL .....

MOBILE .....

PET NAME .....

SPECIES ☐ CANINE BREED.....

☐ FELINE COLOUR.....

AGE ..... SEX FE FN ME MN

INSURED ☐ YES COMPANY.....

☐ NO

DISCIPLINE/S TO WHICH YOU ARE REFERRING:

☐ ORTHOPAEDIC SURGERY ☐ CARDIO-RESPIRATORY ☐ MEDICINE (FROM 12 OCTOBER 2009)

☐ SOFT TISSUE SURGERY ☐ NEUROLOGY/NEUROSURGERY **FOR IMAGING REFERRALS PLEASE USE FORM IM1**

SUMMARY OF CLINICAL HISTORY AND COMMENTS

(PLEASE ALSO ATTACH A COPY OF THE FULL CLINICAL HISTORY)

WHAT DIAGNOSTICS HAVE PREVIOUSLY BEEN PERFORMED? (PLEASE INCLUDE RESULTS/IMAGES WITH HISTORY)

☐ BLOOD TESTS
☐ X-RAYS
☐ MRI/CT
☐ ULTRASOUND
☐ ECG
☐ OTHER .....

SOUTHERN COUNTIES VETERINARY SPECIALISTS
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FAX: 01425 480849