Southwest Florida VETERINARY Specialists
& 24-Hour Emergency Hospital

Patient Referral Form

Once all pertinent portions of this form are complete, please send through SWFVS.com or fax to 239-949-0232. Please attach all relevant records, including labwork and radiographs.
Thank you for trusting us with your patient' care.

Referring Veterinarian: _____

Veterinary Hospital: _____

Preferred method of contact:

☐Phone: _____ ☐Fax: _____ ☐email:_____

==========

Referral to:
☐ Cardiology ☐ Internal Medicine/Oncology ☐ Surgery ☐ Neurology ☐ Emergency

Urgency:
☐ Emergency ☐ ASAP: 2-3 days ☐ Routine ☐ Consult: rads, ECG, other

Records/lab results will be:
☐ Faxed ☐ Sent with client ☐ Emailed ☐ Shared on IDEXX VetConnect

Radiographs will be:
☐ Faxed ☐ Sent with client ☐ Emailed ☐ Shared on IDEXX VetConnect

==========

Client information:
Name: _____ Phone number: _____

Patient information: ☐ Dog ☐ Cat ☐ Other _____
Pet's name: _____ Age: ____ Breed: _____ Sex (circle): M MN F FS

==========

Reason for referral: _____

_____

Pertinent history: _____

_____

Diagnostic tests performed/pending (please attach copies): _____

_____

Current treatments and/or medications: _____

_____

_____

Preferences for this case:
☐Complete diagnostic workup & treatment ☐ Partial diagnostics & treatment: _____
☐Overnight care only. Return to my hospital in the morning. ☐ Interdepartmental referral at SWFVS is OK

www.SWFVS.com phone: 239-992-8387 fax: 239-949-0232
28400 Old 41 Rd., Suite 1, Bonita Springs, FL 34135