VMSG
VETERINARY MEDICAL AND SURGICAL GROUP
ORANGE COUNTY

PATIENT REFERRAL FORM

Please provide the following information on your patient and case so we may better be prepared to offer continuity of care. We will FAX a copy of the Patient Visit Summary as soon as it is available for your review and records. Patients will be transferred from the emergency service to the appropriate service as soon as an appointment becomes available. Please inform your clients that in an emergency situation all patients will be triaged and seen in order of most critical.

Referring Doctor	Phone Number
Hospital	Fax Number
Client Name	Patient Name
Scheduled Appointment Time	Species / Breed.
Client Phone	Gender / Birth Date

Presenting Complaint: _____

Case History: Please include duration of illness, clinical signs, lab results, imaging reports (please send radiographs), any other diagnostic results (including recent and current medications and doses), and treatments:

Specific comments, concerns of referring / primary care veterinarian:

For an appointment, please call 949-201-4100. If it is after hours please FAX this form and a receptionist will call you the following morning to schedule an appointment. Thank you in advance for the above information and for your trust in our care.