

Standard Referral Form

Georgia Veterinary Specialists **GVS**

455 Abernathy Rd NE, Atlanta, GA 30328

Phone: 404-459-0903

Referral Tel: 404-459-6735 Referral Fax: 404-459-0237

referrals@gsvsvet.com www.gsvsvet.com

Date _____

Individual completing this form (if not primary veterinarian) _____

Veterinarian _____ Phone _____

Practice _____ Fax _____

Client Name (last, first) _____ Phone _____

Client Address _____

Patient Name _____ Breed _____ Color _____ Age _____ Sex _____

Vaccinations: All Are Current Current Rabies Only All Are Overdue Date of Last Vaccinations _____

Referral To (please choose one service)

Internal Medicine Oncology Cardiology Neurology/Neurosurgery Ophthalmology Radiation Oncology

Dermatology Soft Tissue Surgery I131-Radioiodine Nutrition Integrative Medicine

Radiology (outpatient ultrasound)

*If you have an emergency referral, please call 404-459-0903.

Chief Complaint / Tentative Diagnosis _____

History/Physical Findings _____

Treatments _____

Lab Work No Yes If Yes: Fax To 404-459-0237 or Email To referrals@gsvsvet.com

Lab Comments _____

Radiographs No Yes If Yes: Client will bring To be mailed Please do not email radiographs

Radiograph Comments _____

Veterinarian's preferred method of communication from GVS: Fax Phone

Other Requests / Comments _____
