	AL NOTICE nd Veterinary	Specialists	DE   RE   IN   SO   DL	RMATOLOGY PRODUCTION TERNAL MEDICINE FT TISSUE SURGERY AGNOSTIC IMAGING THOPAEDIC SURGERY	STAFFORD NORTH LAKES
PATIENT					
OWNER'S NAME		OWNER'S TELEPHONE			
OWNER'S ADDRESS					
PATIENT NAME		SPECIES	BREED		AGE
HISTORY (PLEASE PI	ROVIDE BRIEF CHRONOLOGIC	ALLY ORDERED SUMMARY)	)		
PROCEDURES/MEI	DICATION (PLEASE LIST REC	CENT TREATMENTS & MEDI	CATIONS)		
ENCLOSURES					
RADIOGRAPHS	SITE			DATE	
RADIOGRAPHS	SITE			DATE	
TEST RESULTS	TYPE			DATE	
TEST RESULTS	TYPE			DATE	
REFERRING VETER	INARIAN				
VETERINARIAN'S NAM	E			*TELEPHONE	
VETERINARIAN'S ADDI	RESS			*FACSIMILE	

## Dear Client,

Welcome. Your Veterinarian has referred you for a consultation with one of our specialists. Please telephone us to make an appointment. Consultations are by referral only so you need to bring this referral form along with X-rays and test results.

Consultations may progress to further diagnostic work or treatment so generally it is advisable to retain some flexibility on the day of your pet's visit. We also suggest that fasting your pet on the day of the visit is sensible in case sedation or anaesthetic is required, unless your Veterinarian advises you otherwise.

At the time of your consultation a diagnostic plan and a treatment plan will be discussed with you. An estimate of costs will be provided at this time. Payment for the service you receive should be completed at the time of your pet's discharge. We accept cash, EFTPOS, VISA, Bankcard, Mastercard and American Express.

Please telephone if you have any questions and we look forward to seeing you.

STAFFORD HEIGHTS
263 Appleby Road
Stafford Heights
Queensland 4053
Telephone 07 3359 0777
Facsimile 07 3359 0722
stafford@qldvetspecialists.com.au

NORTH LAKES
53 Flinders Parade
North Lakes
Queensland 4509
Telephone 07 3384 2222
Facsimile 07 3384 2244
northlakes@qldvetspecialists.com.au



