

REFERRAL NOTICE

Queensland Veterinary Specialists

- DENTISTRY
- DERMATOLOGY
- REPRODUCTION
- INTERNAL MEDICINE
- SOFT TISSUE SURGERY
- DIAGNOSTIC IMAGING
- ORTHOPAEDIC SURGERY
- STAFFORD
- NORTH LAKES

PATIENT

OWNER'S NAME OWNER'S TELEPHONE

OWNER'S ADDRESS

PATIENT NAME SPECIES BREED AGE

HISTORY (PLEASE PROVIDE BRIEF CHRONOLOGICALLY ORDERED SUMMARY)

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PROCEDURES/MEDICATION (PLEASE LIST RECENT TREATMENTS & MEDICATIONS)

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ENCLOSURES

<input type="checkbox"/> RADIOGRAPHS	SITE	DATE
<input type="checkbox"/> RADIOGRAPHS	SITE	DATE
<input type="checkbox"/> TEST RESULTS	TYPE	DATE
<input type="checkbox"/> TEST RESULTS	TYPE	DATE

REFERRING VETERINARIAN

VETERINARIAN'S NAME *TELEPHONE

VETERINARIAN'S ADDRESS *FACSIMILE

*PLEASE NOTE: WE WILL NOTIFY YOU WHEN THE PATIENT ARRIVES AS WELL AS FAX/PHONE A HISTORY REPORT

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

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