



Animal Dermatology Clinic

Advancing the Art of Veterinary Dermatology

PATIENT REFERRAL FORM

Date: _____

REFERRING HOSPITAL INFORMATION

Hospital: _____

Dr.: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

PATIENT INFORMATION

Client's Name: _____

Client's Phone: _____

Pet's Name: _____

Dog Cat Other: _____

Breed: _____

Age: _____

Sex: M CM F SF

HISTORY AND RECORDS CAN BE FAXED. SEE FAX NUMBERS AT BOTTOM OF FORM.

Case History:

Diagnostics Performed (please attach any laboratory and/or other diagnostic reports):

Treatment/Medications:

Thank you for entrusting the Animal Dermatology Clinic with your skin specialty needs. We will send a referral update after your client has been seen by our doctors. This will include a diagnosis, the tests that were performed, and a recommended course of action.

TUSTIN
949-936-0066
949-936-0071 fax

SAN DIEGO
858-560-9393
858-560-0926 fax

MARINA DEL REY
310-822-3376
310-306-9623 fax

PASADENA
626-577-8181
626-405-9203 fax

MARIETTA, GA
770-422-2509
770-422-8750 fax

LOUISVILLE, KY
502-240-0947
502-240-0986 fax

INDIANAPOLIS, IN
317-578-7773
317-578-7732 fax