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**DERMATOLOGY PATIENT REFERRAL FORM**

**Date:**

**Status:**  Urgent  Next available

Patient information		Referring Veterinarian
Client name(s):		Doctor:
Phone number(s):		Clinic:
		Phone:
Pet's Name:		FAX:
Species:	Gender:	E-mail:
Breed:	Age/DOB:	Other contact info:

**Case summary, including diagnostic tests and treatments:**

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**Any additional information such as pet temperament, special requests, expectations, etc:**

**Does the pet have any relevant non-dermatologic diseases or adverse drug/anesthetic reactions?**

Please fax this form with any **relevant records, such as laboratory results** to **250-768-9731**. We will contact the client to schedule an appointment. Every effort will be made to ensure prompt communication with you, the pet's primary care veterinarian. Thank you for the referral!