



PATIENT REFERRAL FORM



THE ANIMAL HOSPITAL + THE SPECIALIST CLINIC

Welcome to Brisbane Veterinary Specialist Centre. We appreciate your referral and thank you for trusting us with the care of your clients' pets.

Please send completed form by **EMAIL** info@bvsc.com.au or **FAX 07 3319 6398**.

Have clients bring the completed referral form to their appointment. We will contact you by **email** with initial findings. If this is not suitable, please indicate how you wish to find out about your patients.

Phone _____ Fax _____ Other _____

REFERRING VETERINARIAN DETAILS

Name _____ Practice Name _____

Address (required for first time referrals) _____

Email _____ Phone _____ Fax _____

REFERRED TO (Please indicate who you wish to refer your patient to)

Surgery - Dr Marvin Kung - Dr Harvey Saunders - Dr Jamie-Leigh Thompson
- Dr Joy Yan Ziea - Dr Becky Leung - Dr Eryn Kourtis

Surgical Oncology - Dr Rod Straw - Dr Marvin Kung - Dr Harvey Saunders
- Dr Jamie-Leigh Thompson - Dr Joy Yan Ziea - Dr Becky Leung - Dr Eryn Kourtis

Radiation Oncology - Dr Rod Straw - Dr Kate Bruce

Internal Medicine - Dr Darren Fry - Dr Hannah Kwong - Dr Mio Ayukai - Dr Amandine Tena - Dr Jasmine Barisich

Dentistry - Dr Aaron Forsayeth - Dr Rebecca Tucker

Physiotherapy - Sandra Sharpe

REFERRED CLIENT DETAILS

Name _____

Home _____ Mobile _____ Email _____

REFERRED PATIENT

Unless contraindicated, referred patients should be fasted from 8pm the night before their appointment.

Name _____ Age _____ Breed _____

Dog Cat **Sex** Male Female Desexed

Current Medication _____

CASE SUMMARY AND ANY SPECIFIC REQUESTS

REQUEST OUTPATIENT ULTRASOUND Please Indicate

PREVIOUS DIAGNOSTIC TESTS

Please attach or have your client bring them along. We will return hard copy radiographs by mail.

Laboratory Results Radiographs (Hard Copy or Electronic) Clinical Data

BRISBANE VETERINARY SPECIALIST CENTRE

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