



# ARIZONA VETERINARY ONCOLOGY

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Referring Veterinarian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered? Y  N  DOB: \_\_\_\_\_

Tentative Diagnosis/Chief Complaint: \_\_\_\_\_

History/ Physical Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatments (including medications and doses): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In addition to this form, we ask that you send all radiographs, ultrasound, CT and MRI images with the client (even if they have no significant findings), and we will return them to your office. You may also email digital copies to the email addresses listed above. Please fax or email all *original* lab reports to the clinic, as well as all records directly relating to this medical condition. The fax number is listed under each practice above. Please call the specialist if there is any immediate information you need to relay about this case.