

Internal Medicine Referral Information

Linda E. Luther, DVM
Diplomate ACVIM (Small Animal Internal Medicine)

Client Name						
	me Phone Cell					
Pet Name	Species/Breed					
Age Sex	Rabies vaccination next due					
Up-to-date vaccinations (Y or N) DHPP_	Lepto	Lyme	Bordetella	FVRCP	FeLV	
Referring veterinarian	Contact phone					
Hospital name and address						
Hospital fax	e-mail_					
Presenting complaint(s)						
History						
Physical Exam Findings						
Lab Findings						
Radiographic findings						
Services Requested (check all that appl	ly):					
\square Internal medicine consultation \square I	-ull case man	agement				
Ultrasound (\square abdominal \square echocard	diography [□thoracic □	□ neck)			
\square Ultrasound-guided FNA/biopsy \square	Pericardioce	ntesis				
Endoscopy (\square upper GI \square lower GI \square	☐ rhinoscopy	y □ bronch	oscopy)			
☐ ECG ☐ Blood pressure measureme	ent					
☐ Other						
☐ estimate was provided to the client						