

Help us coordinate your patient's upcoming appointment. Please send this form and the following documentation:

Relevant Medical Records (Last 1-2 Years)
Relevant Digital Radiographs

Please Fax to (608) 265-8276 or Email to saim@vetmed.wisc.edu.

When the animal is discharged from our hospital, we will send you a case summary with the discharge instructions that were given to the client. Thank you again for your referral!

Sincerely,
Leah Krawczyk, CVT, BS
Small Animal Internal Medicine Coordinator
Phone: (608) 263-2665
Fax: (608) 265-8276
Email: saim@vetmed.wisc.edu

| | |
|-------------------------|-----------------------|
| Referral from Dr. _____ | Clinic _____ |
| Patient name _____ | Client name _____ |
| Breed _____ | Address _____ |
| DOB _____ | City, State ZIP _____ |
| Wt- lb/kg _____ | Phone _____ |
| Sex- M, MN, F, FS _____ | Alternate Phone _____ |

Chief complaint/
tentative diagnosis:

Summary of history/
exam findings:

Treatments to date:

Special requests or
specific expectations
for this referral:

- Laboratory data attached
- Patient radiographs or ultrasounds performed?
 - emailed to referral@vetmed.wisc.edu
 - mailed
 - sent with client