



The experts in compassionate care.

Referral Form

East Valley- Cardiology, Internal Medicine and Radiology
86 W. Juniper Ave. #2 Gilbert, AZ 85233

Phone: 480-635-1110 option 7

Fax: 480-892-0540

Email: internalmed@dvmsspecialists.com

West Valley- Cardiology , Internal Medicine and Radiology
7823 W. Golden Lane Peoria, AZ 85345

Please use the above contact information for all locations

Scottsdale- Cardiology Only
22595 N. Scottsdale Rd. Suite #120 Scottsdale, AZ 85225

Referring Veterinarian's Name: _____ Date: _____

Hospital Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred method of contact: Phone:

Fax:

Email:

Client Name: _____

Phone Number: _____ Home: Work:

Patient Name: _____ Species: Canine Feline

Sex: Male Female Altered: Yes/No

Breed: _____

Date of Birth: _____

Color: _____

History: _____

Procedure/ Appointment Type:

- Cardiology
- Internal Medicine
- Radiology
 - Outpatient Ultrasound
 - Outpatient Radiographs
 - Outpatient CT- RDVM must call prior to owner scheduling appointment and speak with a radiologist

This form is Mandatory for all outpatient services offered by radiology to help insure that we are assisting in the care of your patient in the best way possible. We also ask that you return this form with the below items which can be sent by email to internalmed@dvm-specialists.com or by fax to 480-892-0540. Results of all outpatient procedures will be sent to you to plan follow-up treatment.

To best meet the client/patient needs we will only schedule outpatient radiology procedures once we receive this form along with the items listed below.

For all referrals, please send the following items with this referral form:

- Last 12 months of medical records
- Last 12 months of lab results
- Any radiographs and/or report
- Any other information you may find pertinent to the patient's medical needs/concerns

Signature of person who completed this form

Date