Date: ____________________________

Referred to: Surgery  Medicine  Neurology  Oncology

Referring Veterinarian: Dr. ____________________________ Hospital: ____________________________

Phone: ____________________________ Fax: ____________________________

Client Information: Name: ____________________________ Phone: ____________________________

Patient Data: Name: ____________________________ canine  canine  female  male  neutered  spayed

Breed: ____________________________ Age: ______________

Significant Past Medical History: _______________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Current Problem: (Please describe chief complaint, onset, progression, tx response): ____________________________

_________________________________________________________________________________

_________________________________________________________________________________

Diagnostic Tests Performed and Results: _________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Tentative Diagnosis Given to Client: ____________________________

Medications: (Please list all current drugs and dosages. Indicate special diet needs) ____________________________

_________________________________________________________________________________

_________________________________________________________________________________

Additional letter/information attached or sent with client: Yes  No

Medical records sent with client  Faxed over  Emailed  None

Radiographs sent with client  Emailed  Sent with Client  None

Recent blood work sent with client  Faxed over  Emailed  None

We Appreciate Your Referral!
Directions to AVS – Maitland
9905 S. U.S. Highway 17-92
Maitland, FL 32751

FROM THE EAST (DAYTONA): West on Interstate 4 to Exit 90. Turn left/east onto Maitland Blvd. Proceed approximately 2 miles to Northeast 17-92 exit. (Caution: Do not take the Southwest exit for 17-92). Stay in the merge lane and turn right into Affiliated Veterinary Specialists at the end of the white fence.

FROM THE WEST (ORLANDO): East on Interstate 4 to Exit 90A. Go right/east onto Maitland Blvd. Proceed approximately 2 miles to Northeast 17-92 exit. (Caution: Do not take the Southwest exit for 17-92). Stay in the merge lane and turn right into Affiliated Veterinary Specialists at the end of the white fence.

Directions to AVS - Waterford Lakes
11011 Lake Underhill Rd.
Orlando, FL 32825

FROM THE NORTH (ORLANDO): Take FL-417 South to exit 33A to merge onto FL-408 East towards Titusville. From 408 East, take exit 20 for Rouse Road. Turn right onto Rouse Road, then take your first right onto Lake Underhill Road. From Lake Underhill Road, AVS-Waterford Lakes will be on your right.

FROM THE SOUTH (HUNTER'S CREEK): Take FL-417 North to exit 33A to merge onto FL-408 East towards Titusville. From 408 East, take exit 20 for Rouse Road. Turn right onto Rouse Road, then take your first right onto Lake Underhill Road. From Lake Underhill Road, AVS-Waterford Lakes will be on your right.

FROM THE WEST (ORLANDO): Take FL-408 East to exit 20 for Rouse Road. Turn right onto Rouse Road, then take your first right onto Lake Underhill Road. From Lake Underhill Road, AVS-Waterford Lakes will be on your right.

We Appreciate Your Referral!