ADVANCED VETERINARY CARE GROUP

Referral Form

Date: _____

rDVM Information

Doctor: _____ ***Hospital/Practice:*** _____

Preferred method of contact: ***E-mail:*** _____ ***Phone:*** ( ) _____

Fax: ( ) _____

Billing Method: *AVCG to Bill Pet Owner Direct:* ❑ *AVCG to Bill Referring Hospital Direct:* ❑

Client/Patient Information

Client Name: _____ ***Primary phone:*** ( ) _____
Last First

Patient name: _____ ***Date of Birth:*** __/__/__ ***Weight:*** _____ ***Sex: M/F*** ***Neutered? Yes/No***

Species: _____ ***Breed:*** _____ ***Color:*** _____

Diagnostic test(s) / Treatment(s) to perform: _____

***** Please attach/enclose pertinent medical records, laboratory data and radiographs *****

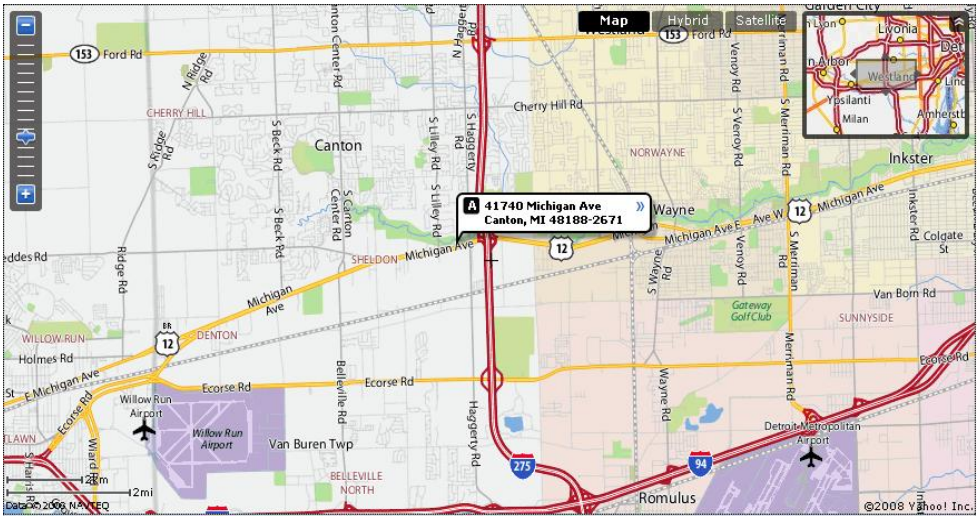
Current therapy/medication(s): _____

_____

_____

_____

Known drug sensitivities: _____



Advanced Veterinary Care Group is located on the north side of Michigan Avenue just west of Haggerty Road and I-275 in Canton. (In the same office complex as the Choice Urgent Care building)

*41740 Michigan Avenue, Canton, Michigan 48188 * PH: (734)-713-1300 * Fax: (734)-713-1301 * www.advancedveterinarycare.net*