



Referral Form: Specialty Services

Please call for all Emergency & Critical Care referrals

Oakdale
 1163 Helmo Ave N.
 Oakdale, MN 55128
 p: (651) 501-3766
 f: (651) 501-3843

St. Paul
 1542 W. 7th St
 St. Paul, MN 55102
 p: (651) 293-1800
 f: (651) 291-1337

**Both facilities provide
 24 hour ER Care.**

Date:

Urgency of case – Patient should be seen:

- Within 24 hours
 24-72 hours
 >72 hours

Primary Veterinarian

Clinic Name	Phone
Address	City/State/Zip
Referring Veterinarian	Preferred Method of Contact <input type="radio"/> Fax: <input type="radio"/> Email:

Client

Name	Primary Phone <input type="radio"/> Home <input type="radio"/> Cell
Address	City/State/Zip
Additional Phone <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	Email

Patient

Name	Species <input type="radio"/> Canine <input type="radio"/> Feline <input type="radio"/> Other:
Breed	Sex
Color	DOB

Referral for:

- Neurology
 Cardiology
 Dentistry & Oral Surgery
 Dermatology
 Internal Medicine
 Physical Rehabilitation
 Surgery

Were radiographs taken?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client will bring
Lab results?	<input type="radio"/> Will be faxed <input type="radio"/> Client will bring <input type="radio"/> None
Medical Records?	<input type="radio"/> Will be faxed <input type="radio"/> Client will bring
Is patient being referred for allergy testing?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> If yes, please refer to green book for further client instructions

Reason for Referral

Previous/Current Treatments and Medications

[Internal Use] Appt Date:	Time:	DVM:	Called by Tech: <input type="radio"/>
Document all communication through Client Notes in Impromed			