VETERINARY
EMERGENCY
CLINIC

Veterinary Emergency Clinic / Referral Centre
920 Yonge St. Suite 117, Toronto ON M4W 3C7
Phone: (416) 920-2002 Fax: (416) 920- 6185
E-Mail to: referralform@vectoronto.com
Web: www.vectoronto.com

REQUEST FOR OPHTHALMOLOGY REFERRAL

Heather Gray DVM, Diplomate ACVO

Referring Veterinarian: _____ **Date:**_____

Referring Clinic: _____

Clinic Phone Number: _____**Clinic Fax Number:** _____

Client Name: _____ **Client Phone Number:** _____

Pet's Name: _____**Breed:** _____**Age:**_____**Sex: M** ◯ **F** ◯

Presenting Complaint:

_____
_____
_____

Synopsis of the patient medical history:

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Other Health Concerns:

_____
_____
_____

Laboratory Data Included: **Yes** ◯ **No** ◯