

North Downs Specialist Referrals

at The Village Animal Hospital
Guards Avenue, Coulsdon Road, Caterham, Surrey CR3 5ZD

Tel: 01883 343770 Fax: 01883 349089

FAX-BACK APPOINTMENT REQUEST FORM

1. Fax the details to us: PLEASE WRITE IN CAPITALS
2. We will make an appointment directly with the owner
3. We will fax a confirmation back to you

REFERRING VETERINARY SURGEON:

REFERRING PRACTICE:

TELEPHONE: FAX:

MR/MRS/MISS/OTHER: OWNER'S NAME:

OWNER'S ADDRESS:

..... POST CODE:

TELEPHONE: FAX:

MOBILE: WORK:

PATIENT'S NAME:

SPECIES: BREED:

AGE: SEX: WEIGHT: KG

CLINICAL PROBLEM:

REFERRAL SERVICE REQUIRED: Please select the most appropriate referral field to your case by ticking **one** box

- | | | |
|--|--|---|
| <input type="checkbox"/> SURGERY | <input type="checkbox"/> INTERNAL MEDICINE | <input type="checkbox"/> NEUROLOGY/SPINAL SURGERY |
| <input type="checkbox"/> OPHTHALMOLOGY | <input type="checkbox"/> DERMATOLOGY | <input type="checkbox"/> DENTISTRY |
| <input type="checkbox"/> ULTRASOUND ONLY | <input type="checkbox"/> MRI SCAN ONLY | <input type="checkbox"/> CT SCAN ONLY |
| <input type="checkbox"/> BEHAVIOUR | <input type="checkbox"/> PHYSIOTHERAPY | |

INSURED FOR VETS FEES ? YES/NO INSURANCE COMPANY:

EMERGENCY URGENT ROUTINE

As a guide we aim to see cases within 1-2 days for emergency, 2-5 days for urgent, 5 days or more for routine

FOR OFFICE USE ONLY:

DETAILS ENTERED ON P.C.	APPT. BOOKED	CONFIRMATION LETTER SENT TO CLIENT	CONFIRMATION FAXED TO PRACTICE	REFERRAL LETTER & HISTORY REQUESTED	STAFF'S INITIALS: