

Please use this form as the cover page when faxing records.
Number of pages including the cover sheet: _____

Case for Dr. Victoria Jones

Referring Veterinarian(s) _____
Referring Hospital _____
Hospital Phone Number _____ Hospital Fax Number _____
Owner Name _____ Patient Name _____
Patient Species/Breed _____ Sex _____ Age _____

Medical Information (Please complete/answer all lines)

Chief Complaint/Clinical Signs: _____

Pertinent Medical History: _____

Diagnosis: _____

Recent diagnostics relevant to the current problem(s) (circle all that apply)

CBC Chemistry Panel Urinalysis Radiographs: Chest Abdomen Other
Other Test: _____

Please list all treatments used thus far, doses or frequencies prescribed, and responses (if known):

Additional Comments: _____

Please fax the following information with this form

- Medical records pertaining to the eyes for the past year
- Most recent blood work
- Any relevant biopsy or cytology reports
- Diagnostic imaging interpretation reports including radiographs, ultrasound, CT or MRI