**Veterinary Critical Care & Referral Hospital**
**15 Piscataqua Dr., Newington, NH 03801**
Phone: (603) 431-3600 / Fax: (603) 431 – 1751
Email: info@veccnh.com Web: www.veccnh.com

# FAX REFERRAL FORM

VECC
VETERINARY EMERGENCY, CRITICAL CARE & REFERRAL CENTER of New Hampshire

DATE:_____ Referring Hospital Phone:_____

REFERRING DOCTOR: _____ FAX: _____

REFERRING CLINIC: _____ EMAIL: _____

Would you like us to call the client to schedule appointment? ☐ **YES** ☐ **NO** Preferred Contact Method: Email Fax Phone

Referring to the following department(s):

☐ **Internal Medicine** ☐ **Ultrasound** ☐ **Surgery** ☐ **Cardiology**

☐ **Oncology** ☐ **Imaging** ☐ **Neurology** ☐ _____

CLIENT NAME: _____ PHONE: _____

PATIENT NAME: _____ Breed:_____

Species: ☐ **Canine** ☐ **Feline** Sex: ☐ **Female** ☐ **Male** Age: _____ Weight: _____

Spayed/Neutered ☐ **YES** ☐ **NO** Date of Birth: _____

Current Vaccinations ☐ **YES** ☐ **NO** **Allergies or Precautions** ☐ **YES** **NO** ☐ _____
List Allergies

**List any medications:** _____

**Patient Health History / Pre-existing Conditions:**

_____

_____

_____

**Tentative Diagnosis and Any Current Treatments:**

_____

_____

_____

**Estimate given to the client:** $_____

**Requests and comments for our Specialist(s):**

_____

_____

_____

**Please forward patient medical records along with any radiographs and lab results in addition to this form.**

**PLEASE SEND THE PATIENT RECORDS VIA EMAIL TO info@veccnh.com**
**OR FAX TO 603-431-1751 PRIOR TO APPOINTMENT.**

**Please also include any lab work or imaging studies in addition to this form.**

*Thank you for your referrals!*

**Internal Medicine:**
Dr. Jessica Morgan, DACVIM

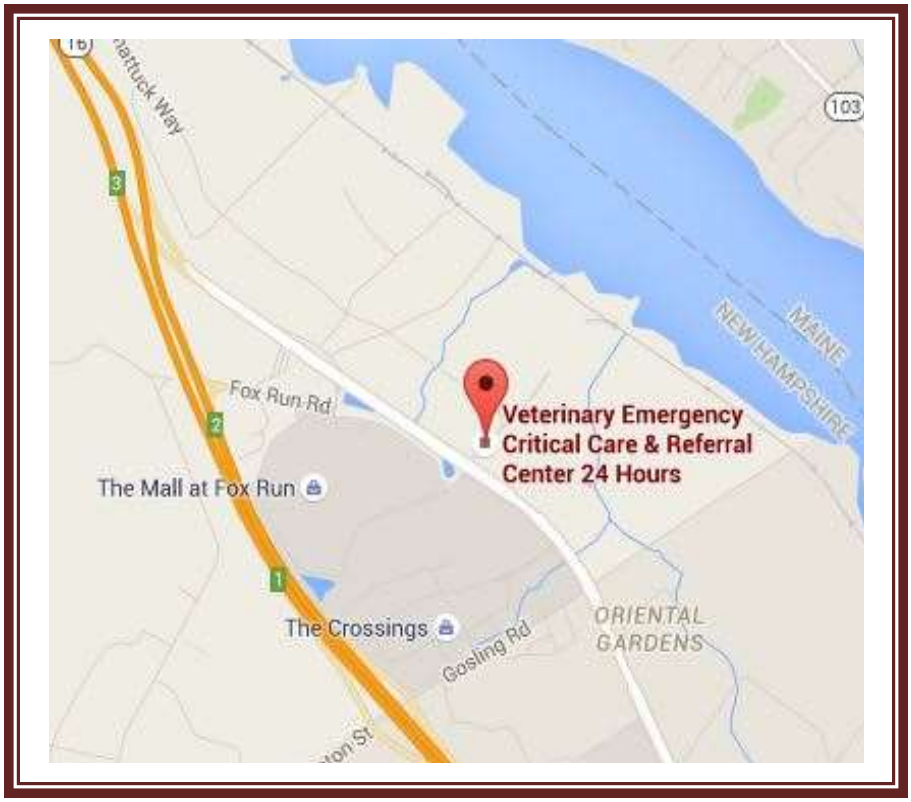
**Oncology:**
Dr. Carrie Wood, DACVIM (Oncology)

**Cardiology:**
Dr. Nonya Fiakpui, DACVIM (Cardiology)

**Neurology:**
Dr. Heather Jones, DACVIM (Neurology)

**Advanced Imaging:**

***MRI and CT at Southern NH Veterinary Referral Hospital in Manchester, NH***





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**Newington, NH**
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