



Puget Sound Veterinary Referral Center, PLLC  
Internal Medicine Service  
5608 South Durango Street - Tacoma, WA 98409  
253/474-0791 • 253/474-6057 Fax • <http://www.theaec.com>

## Patient Referral Form – Internal Medicine

Date: \_\_\_\_\_

Referring Clinic Name \_\_\_\_\_

City \_\_\_\_\_

Referring Doctor \_\_\_\_\_

After Hours # \_\_\_\_\_

Patient Name \_\_\_\_\_

Client Name \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Case Synopsis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continued on reverse...

Please send:  Radiographs  Medications  Lab Results  Other \_\_\_\_\_

Please completely fill in this form and return along with requested items only. It is not necessary to include the complete medical history unless requested. This information may be emailed to [InternalMedicine@PSVRC.com](mailto:InternalMedicine@PSVRC.com), faxed to 253-474-6057 or brought to our hospital by the client.

Thank you in advance for allowing us to work with your valued patients and clients. Please feel free contact me by phone (253-474-0791) or email ([bgreen@PSVRC.com](mailto:bgreen@PSVRC.com)).

Sincerely,  
Brad Green, DVM  
Internal Medicine Service

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