



**UPSTATE VETERINARY SPECIALTIES PLLC**

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**Medical Records Consult Form**

Referring Veterinarian:		Date:
Address:	<input type="checkbox"/>	Please Call STAT
	<input type="checkbox"/>	Written report only
Phone:	<input type="checkbox"/>	Please call and send written report
E-mail:	<input type="checkbox"/>	E-mail report
Fax:	<input type="checkbox"/>	Please send forms
Client Name:		Patient:
Breed:	Sex:	Age:                  Weight:

**Pertinent Historical, Clinical, and Physical Findings:**

**Upstate Veterinary Specialties Use Only**

Medical Data Review:	Postage:
Telephone Charges:	Total: