



TELEMEDICINE CONSULT FORM

Choose Form

Patient Referral Form Telemedicine Consult Form

Client Name (First & Last)

Client Address

Street

City

State

Zip

Client Primary Phone

Client Email

Vet Hospital Information

DVM

Hospital Name

Address

Street

City

State

Zip

Phone

Fax

Email

Pet Information

Patient Name

Breed

Age

Weight Kg

Sex

Male Neutered

Male Unaltered

Female Spayed

Female Unaltered

Referral Information

Consult requested with:

Special Instructions:

Chief Complaint for Referral

Pertinent Medical History

Current Medications

Completed Diagnostics: Please be sure to include pertinent history and exam notes with all diagnostics

CBC	Chemistry Profile
Urinalysis	Thyroid Testing
HW/Lyme/Ehrlichia/Anaplasma	Other Labwork
Blood Pressure	ECG
Radiographs	Ultrasound Studies
CT	MRI
Other _____	

Medical Records

Please submit previous 12 months of medical records Email info@uvsonline.com OR fax to 518.783.3199

If you require a STAT consult, please call UVS at 518.783.3198 to speak directly with the appropriate specialist.