

Pertinent History and Physical Exam

Differential Diagnosis / Problem List

Medications / Treatments Administered--Drug name / Dosage (mg) / Frequency / When Administered?

What is your preference for this case?

Please call me to discuss follow-up of this case

Return patient to my office next business day if stable enough to transport

Transfer to specialty service if/when possible

I would like this case to stay at UVS until it is resolved under the care of the emergency department or whichever specialty service may be deemed necessary to take over this patient's care

The best times and way to reach me are:

Please submit all pertinent medical history: Email to info@uvsonline.com OR fax to 518.783.3199