



## Telemedicine Referral Form

Please complete our Telemedicine Referral Form to facilitate a telemedicine referral with one of our specialists. Please email a completed form to [info@uvsonline.com](mailto:info@uvsonline.com) or fax to 518-783-3199.

### Client Information

Client First and Last Name:

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Client Address:

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Street

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City

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State

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Zip

Client Phone:

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Client Email:

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### Referring Hospital Information

Referring Doctor:

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Hospital Name:

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Hospital Address:

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Street

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City

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State

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Zip

Hospital Phone:

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Hospital Email:

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### Pet Information

Pet Name:

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Breed:

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Age:

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Weight Kg:

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Sex:

Male Neutered     Male Unaltered     Female Spayed     Female Unaltered

## Referral Information

Consult requested with:

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Special Instructions:

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Chief Complaint for Telemedicine Referral:

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Please check all that apply:

- ECG       Ultrasound       Radiographs  
 Other, please specify

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Pertinent Medical History:

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Current Medications:

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## Medical Records

Please submit the previous 12 months of medical records. Email to [info@uvsonline.com](mailto: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.