



# INTERNAL MEDICINE CONSULT REQUEST

Referring Hospital & Veterinarian	DATE
Referring Veterinarian (print)	<i>Referring Doctor Signature</i>

**IT IS IMPERATIVE THAT A COMPLETE MEDICAL RECORD IS RECEIVED AT LEAST 24HRS PRIOR TO APPOINTMENT. RECORD MAY BE SENT BY MAIL, FAX OR EMAIL. INCLUDE RADIOGRAPHS, ULTRASOUND REPORTS ETC.**

### CLIENT

Client Last Name		First Name	
Street Address	City	Postal Code	
Home Phone	Cellular	★ Email	

### PATIENT

Name	Breed	Species	Sex M MN F FS	Age (MM / DD / YYYY)
CURRENT MEDICAL CONCERN(S) REQUIRING CONSULTATION				
1.		3.		
2.		4.		
RELEVANT HISTORY, COMMENTS OR SPECIAL CONCERNS				

### PROCEDURES PERFORMED

(Radiographs, Ultrasound, Diagnostic Tests, Previous Consults)

Medications / OTC / Supplements

### WHICH CONSULTATION DO YOU REQUIRE?

- Medical Record Review, Written Report and RDVM Communication \$185.00
- Client Consultation with Patient Exam, Written Report and RDVM Communication \$265.00

*Please be aware this is a consultation appointment only. All efforts will be provided to assist in coordinating the recommended diagnostics to be performed at AECFV or your clinic. Note diagnostic capability at this time is not all encompassing. Internal Medicine Consultation may result in an additional referral to a specialty center for addition diagnostics.*

Appointment Date	Appointment Time	Booked By
Appointment Reminder done on	Date	Time
		AECFV staff

**Phone 604-514-1711 Fax 604-514-1712**

