



1836 Hendersonville Road, Asheville, NC 28803  
Phone: (828) 210-8285  
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## Consult/Referral Form

**Please choose one of the options and fill out the form completely.**

Standard Specialty Referral

### Emergency Transfer

All emergency transfers will be processed by our Emergency & Critical Care Department. Specialists will be consulted as needed based on service availability.

### Department:

- Emergency & Critical Care
- Internal Medicine
- Neurology & Neurosurgery
- Surgery
- Outpatient Ultrasound

Doctor: \_\_\_\_\_

Patient: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Hospital Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Hospital Fax: \_\_\_\_\_

Client Name: \_\_\_\_\_

Hospital E-mail: \_\_\_\_\_

Client Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Client E-mail: \_\_\_\_\_

*Note: alternate number is needed since we may need to return your call after normal business hours.*

Client Address: \_\_\_\_\_

Reason for consult/referral:

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Case Summary (Please attach pertinent history and laboratory results if needed):

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