

Referral Form



Newtown Veterinary Specialists
Emergency, Critical & Specialty Care

Please fax form, written medical records, and lab results to: **203.792.3104** or email to **records@newtownvets.com**

Client _____ TODAY'S DATE _____

CLIENT/OWNER'S NAME _____

PRIMARY PHONE _____ SECONDARY PHONE _____

Patient

PATIENT NAME _____

DOG CAT FEMALE MALE NEUTERED SPAYED

BREED _____ AGE _____

ESTIMATED TIME OF ARRIVAL _____ APPOINTMENT DATE/TIME _____

REASON FOR REFERRAL

- | | | |
|--|--|--|
| <input type="checkbox"/> ONCOLOGY | <input type="checkbox"/> OPHTHALMOLOGY | <input type="checkbox"/> BEHAVIOR |
| <input type="checkbox"/> SOFT TISSUE SURGERY | <input type="checkbox"/> INTERNAL MEDICINE | <input type="checkbox"/> EMERGENCY |
| <input type="checkbox"/> DERMATOLOGY | <input type="checkbox"/> CARDIOLOGY | <input type="checkbox"/> OUTPATIENT ULTRASOUND |
| <input type="checkbox"/> ORTHOPEDIC SURGERY | <input type="checkbox"/> CRITICAL CARE | <input type="checkbox"/> OUTPATIENT ECHOCARDIOGRAM |

Referral

REFERRING VETERINARIAN NAME _____

PRACTICE _____

ADDRESS _____

WORK PHONE _____ CELL PHONE _____

FAX _____ EMAIL _____

PREFERRED METHOD OF COMMUNICATION:

- WORK PHONE CELL PHONE FAX EMAIL

Present Problem: _____

Diagnostic Tests Performed or Pending:

Treatments and/or Medications

(indicate dose and duration):

Pertinent History:

Vaccine History:

Adam Porter, DVM, *Diplomate ACVECC (Critical Care)*

Meghan DeLucia, DVM, *Diplomate ACVIM (Internal Medicine)*

Michelle Pavlick, DVM, *Diplomate ACVIM (Internal Medicine)*

Debra L. Weisman, DVM, MS, *DACVS (Surgery)*

Jason Headrick, DVM, *PhD (Surgery)*

Jennifer McDaniel, DVM (*Practice Limited to Oncology*)

Shari Greenberg, DVM, *Diplomate ACVO (Ophthalmology)*

Nikki Gaudette, DVM (*Practice Limited to Cardiology*)

Lauren Pinchbeck, DVM, MS, *DACVD (Dermatology)*

Ellen Lindell, VMD, *DACVB (Behavior)*

Tracy Zeldis, VMD (*Emergency*)

Jared Ravich, DVM (*Emergency*)

Lauren Wawzenski, DVM (*Emergency*)

Stacy Godfrey, DVM (*Emergency*)

Directions to our Facility

VIA INTERSTATE 84

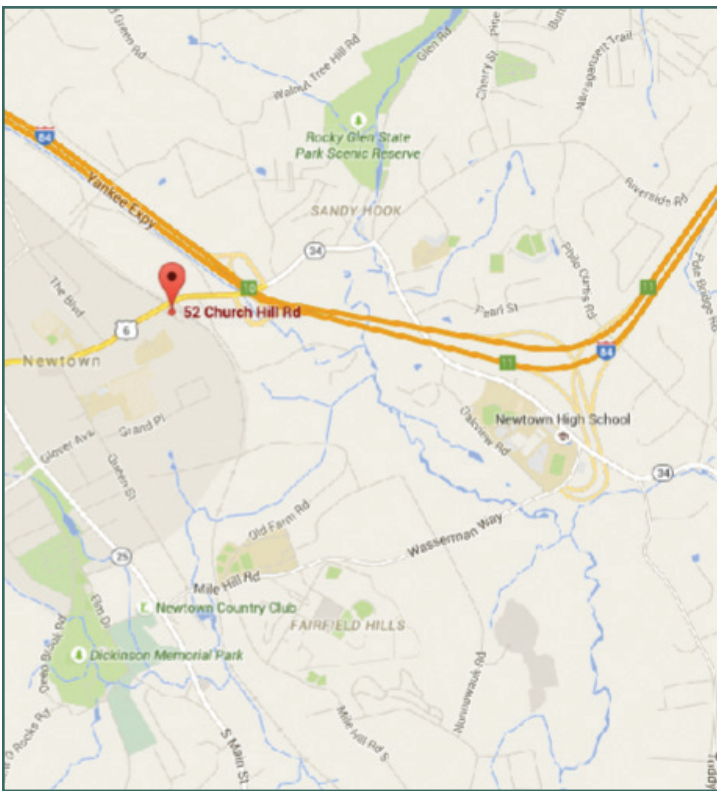
From points east: Take I-84 West to Exit 10, Route 6W/ Church Hill Road, Newtown. At the end of the ramp, make a right onto Route 6/Church Hill Road. Follow Church Hill Road for approximately .3 mile. Go under the railroad overpass and Newtown Veterinary Specialists is the first driveway on the left. There is a white sign on the top of the hill that says NVS.

From points west: Take I-84 East to Exit 10, Route 6W/ Church Hill Road, Newtown. At the end of the ramp, make a left onto Route 6/Church Hill Road. Follow Church Hill Road for approximately .3 mile. Go under the railroad overpass and Newtown Veterinary Specialists is the first driveway on the left. There is a white sign on the top of the hill that says NVS.

VIA ROUTE 25

From points north: Follow Route 25 South towards Newtown. At the flagpole, make a left onto Church Hill Road. Continue on Church Hill Road for approximately .7 mile. Newtown Veterinary Specialists will be on the right just past Saint Rose Church and School. If you go under the railroad overpass, you have gone too far.

From points south: Follow Route 25 North towards Newtown. At the flagpole, make a right onto Church Hill Road. Continue on Church Hill Road for approximately .7 mile. Newtown Veterinary Specialists will be on the right just past Saint Rose Church and School. If you go under the railroad overpass, you have gone too far.



Hours of Operation

24 hours a day. 365 days a year.



52 Church Hill Road, Newtown, CT 06470

Phone (Referring Hospitals' Line): 203.304.9541 **Fax:** 203.792.3104

newtownvets.com

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