VETERINARY EMERGENCY CLINIC
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REQUEST FOR OPHTHALMOLOGY REFERRAL

Dr. Heather Gray DVM, Diplomate AVCO

Referring Veterinarian: _____

Referring Clinic: _____

Clinic Phone Number: _____ **Clinic Fax Number:** _____

Client Name: _____ **Client Phone Number:** _____

Pet's Name: _____ **Breed:** _____ **Age:** _____ **Sex:** M ◯ F ◯

Presenting Complaint: _____

Case urgency (circle one):

◯ **EMERGENCY (same day/soonest i.e. ruptured/melting cornea/acute glaucoma)**

◯ **URGENT (same/next day/soonest i.e. deep ulcer/severe uveitis/sudden blindness)**

◯ **PRESSING (within next 2 weeks i.e. superficial/indolent ulcer, painful eye)**

◯ **NONURGENT (routine next available i.e. cherry eye/lid mass/entropion/nonpainful)**

History (eye): _____

Last Blood Work Done (Summarize AND include copies of all lab work):

Current Therapy/Medication (Detailed i.e. name, frequency, and duration):

Other Health Concerns/History (Summarize): _____

Laboratory Data Included: YES ◯ NO ◯

Medical Record Included: YES ◯ NO ◯

Email form to: info@vectoronto.com