



REQUEST FOR OPHTHALMOLOGY REFERRAL

Dr. Heather Gray DVM, Diplomate ACVO
 Dr. Shayna Levitt DVM, Diplomate ACVO

Requested Dr: Dr. Heather Gray Dr. Shayna Levitt No Preference/next available

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 (select one):
- EMERGENCY (same day/soonest i.e. ruptured/melting cornea/acute glaucoma)
** If this case is an emergency please call the clinic at (416) 920-2002 to speak to a member of our client services team.
 - 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