



REFERRAL FORM

www.bcskinvet.com

Date:

PATIENT INFORMATION

REFERRING HOSPITAL

Owner Name:

Hospital Name:

Phone:

Dr. Name:

E-Mail:

Phone:

Clients Name:

Fax:

Home Phone:

E-Mail:

Cell or Pager:

Pet's Name:

Breed:

Age:

Sex:

Records and Lab reports can be faxed to 604-279-2040

Case History:

Diagnostic Performed (please attach any laboratory and/or other diagnostic reports:

Treatment/Medications (Dosages & Durations):

Thank you for entrusting the Animal Dermatology Clinic of BC with your dermatology specialty needs. We will be sending you a typed report, this will include a diagnosis, the tests that were performed and a recommended course of action.

Richmond
140-8040 Garden City Rd

Langley
306-6325 204th St

Richmond, BC
604-270-6199

Langley, BC
604-270-6199

PLEASE HAVE YOUR CLIENT CALL US TO SET UP AN APPOINTMENT