



Rocky Mountain Veterinary Cardiology
Phone: 303-443-4569

3640 Walnut St. Boulder, CO 80301
Fax 303-443-4568

Cardiology Referral Form

Preferred Cardiologist: <input type="checkbox"/> Doctor on duty <input type="checkbox"/> Dr. Sanderson <input type="checkbox"/> Dr. Hanes
Referring Doctor and Hospital:
Address:
Phone: ()
Fax: ()
How would you prefer to be contacted? <input type="checkbox"/> Phone \ Best time to reach you:
<input type="checkbox"/> Fax <input type="checkbox"/> US Mail

Name of Client:
Best contact phone number:

Patient's Name:	Weight: (kg)
Species:	Breed:
Sex: <input type="checkbox"/> F <input type="checkbox"/> SF <input type="checkbox"/> M <input type="checkbox"/> CM <input type="checkbox"/> Unknown	Age:
Appointment Date:	

Chief Complaint:

Brief History/Physical Findings (please list any unrelated medical conditions previously diagnosed):

List patient's medications (Please list medication and dosage given):

Was blood work completed at your facility? <input type="checkbox"/> Yes (please attach copies of these results) <input type="checkbox"/> No

Were any treatments performed at your facility? Please list them

Were radiographs performed at your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No

If radiographs were performed, how will you send them to us? <input type="checkbox"/> With the client <input type="checkbox"/> Email: send to info@alpenglowvets.com
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What is your goal for this referral?

Anesthetic Recommendations

Radiograph Review

Advanced Diagnostics and management (follow up blood work, BP monitoring)

We are committed to providing you the best service and understand that clinician comfort level with cardiac cases varies. Would you prefer to manage this case after we make a diagnosis or would you like for RMVC to manage the case and send you updates?