

22 Fall Pippin Lane, Suite 102

Asheville, NC 28803

Phone # 828-210-8285

Fax # 828-210-8287

# Consult/Referral Form

**Please choose one of the options and fill out the form completely.**

- Standard Specialty Referral (no phone consult needed)
- Phone consult ONLY (no referral currently)  
*Please note: standard phone consults may take up to 72 hours to be addressed.*
- Phone consult & referral  
*Please note: standard phone consults may take up to 72 hours to be addressed.*
- Urgent Referral (Monday - Saturday 7:30am-5:30pm)

**Asheville Departments:**

- Admissions
- Internal Medicine
- Neurology
- Oncology
- Ophthalmology
- Surgery

Doctor: \_\_\_\_\_  
 Hospital Name: \_\_\_\_\_  
 Hospital Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_  
 Hospital Fax: \_\_\_\_\_  
 Hospital E-mail: \_\_\_\_\_  
 Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Patient: \_\_\_\_\_  
 Species/Breed: \_\_\_\_\_  
 Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 Client Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Client E-mail: \_\_\_\_\_

**Note: alternate number is needed since we may need to return your call after normal business hours.**

Reason for consult/referral:

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Case Summary (Please attach pertinent history and laboratory results if needed):

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