

# Consult/Referral Form

393 Woods Lake Road  
Greenville, SC 29607  
Phone #864-233-7650  
Fax #864-233-7631

**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.*
- Specialty Urgent Referral (Monday - Friday 8am-6pm)

**EMERGENCY** referral for:

- Ophthalmology  
*Monday- Friday 8am-6pm*
- Neurology  
*Monday- Friday 8am-6pm*
- All Other Emergencies  
*Referral not required, but records appreciated!*

**Greenville Specialty Department:**

- Cardiology
- Dentistry
- Internal Medicine
- Neurology
- Oncology
- Ophthalmology
- Radiation Oncology
- 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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