UPSTATE VET
EMERGENCY + SPECIALTY CARE

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 (next available)
☐ Specialty Urgent Referral
For patients that can NOT wait >2 weeks.
☐ Phone Consult
Please note: standard phone consults may take up to 72 hours to be addressed.
☐ **EMERGENCY**
Please note: specialty services and diagnostics are not guaranteed same day.

Department:

☐ Cardiology
☐ Dentistry
☐ Internal Medicine
☐ Neurology
☐ Oncology
☐ Ophthalmology
☐ Radiation Oncology
☐ Surgery

Hospital Name: _____
Veterinarian's Name: _____
Submitted By: _____
Hospital Phone: _____ ext. _____
Hospital Fax: _____
Hospital E-mail: _____
Referring DVM's preferred method of contact:

☐ Clinic Phone _____
☐ Personal Phone _____
☐ Email _____

Referring DVM's availability: _____

Patient: _____
Species/Breed: _____
Color: _____ Age: _____ Sex: _____ Weight: _____
Client Name: _____
Client Address: _____
Client Phone: _____
Client Email: _____

Reason for consult/referral: _____

Goals of this consult: _____

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

Additional Comments: _____