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)**
For any patient who requires an urgent consultation, please call us at 864-233-7650. The department coordinators will assist you with appropriate scheduling.

☐ **Emergency Referral**
For any patient requiring immediate transfer to our hospital, please call ahead at 864-233-7650.

☐ **Phone Consult**
Please allow 48-72 hours for a response and include the best method of contact.

Department:

☐ Cardiology
☐ Dentistry
☐ Internal Medicine
☐ Neurology
☐ Oncology
☐ 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 _____

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

Referring DVM's availability: _____

Reason for consult/referral: _____

Goals of this consult: _____

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

Additional Comments: _____