

# Patient Referral Form

Date:

**For Attention:**

- ACCESS | **South Bay**       ACCESS | **Los Angeles**       ACCESS | **San Fernando Valley**       ACCESS | **Central Valley**

Patient Name: ..... Dog  Cat  Other .....

Client Name: .....

Dr. Name: .....

Dr. Tel #:

Practice Name: .....

Dr. Fax #:

Laboratory Name: .....

Account #:

How would you like to be contacted? Tel:  Fax:  Mail:  Email:

*Please include copies of lab reports, X-rays, and other diagnostics.*

**Patient History** .....

.....  
.....  
.....

**Diagnostics** .....

.....  
.....  
.....

**Treatments / Medications** .....

.....  
.....

**Referral Request** As the referring veterinarian, my expectations for this case are as follows: (Please check one.)

- Referral for the following procedure(s): .....
- Hospitalization and definitive care. ....
- Overall management of care for the diagnosis of: .....
- Overnight care and return in the morning. ....

**Client Notice:** *Please bring this form, your pet, and all medications to your initial consultation.  
Please ask your veterinarian if you need to withhold food or water from your pet before your appointment.*

## Client Information / What to expect...

### HOW WE WORK WITH YOUR VETERINARIAN

When your pet is sick or injured, treatment usually begins with your local veterinarian – a skilled and highly trained doctor. Occasionally, their patients (your pets) require specialized care.

This is where ACCESS comes in! **Advanced Critical Care, Emergency and Specialty Services** provides advanced medical treatment and cutting-edge technology to vets and information to vets and pet owners.

Our departments include Avian & Exotics, The Bone & Joint Center, Emergency & Critical Care, Cardiology, Internal Medicine, Interventional Radiology & Endoscopy, Nephrology, Neurology & Neurosurgery, Surgery, Urology, and Counseling.

### OUR PLEDGE TO PET OWNERS

To always care for your pet as we would care for our own.

To be empathetic, compassionate, courteous, and respectful.

To provide your pet with the ideal treatment plan, and to always consult with you, or your vet, if other services or treatments are required.

To provide accurate reports to your vet in a timely manner.

To respect your relationship with us as a client, and recognize that your needs and concerns are important.

To be at the forefront of veterinary care.

## LOCATIONS



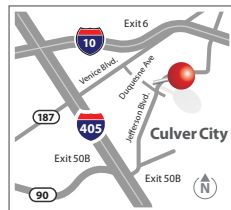
### South Bay

2551 W. 190th St.  
Torrance, CA 90504

**Tel: (310) 320-8300**

Fax: (424) 293-7254

24x7 Emergency & Specialty Services



### Los Angeles

9599 Jefferson Blvd.  
Culver City, CA 90232

**Tel: (310) 558-6100**

Fax: (310) 558-6199

24x7 Emergency & Specialty Services



### San Fernando Valley

20051 Ventura Blvd.  
Woodland Hills, CA 91364

**Tel: (818) 887-2262**

Fax: (818) 704-0323

24x7 Emergency & Specialty Services



### Central Valley

4300 Easton Drive  
Bakersfield, CA 93309

**Tel: (661) 281-1320**

Fax: (661) 302-4193

Specialty Services Only

## QUESTIONS AND SUPPORT

Should you have any questions about our services, please do not hesitate to contact us at:

Email: [info@accessvets.com](mailto:info@accessvets.com) | [www.AccessAnimalHospitals.com](http://www.AccessAnimalHospitals.com)

