

**Shreveport Veterinary Internal Medicine**

7013 Sand Beach Blvd.

Shreveport, LA 71105

T 318.754.4753

F 318.754.4776

[svim2002@yahoo.com](mailto:svim2002@yahoo.com)

Date

# Pages Faxed

**rDVM / Hospital Information**

Referring Dr.

Hospital

Phone

Fax

E-mail

**Client / Patient Information**

Client

E-mail

Home Phone

Cell Phone

Work Phone

Patient

Sex M / MN / F / FS

Vaccine Status

Current / Lapsed

Species Canine / Feline

Age

HW Preventative

Current / Lapsed

Breed

Weight

Handling Precautions?

**Primary Reason for Referral****Current Treatments (drugs, dosages, fluids, diet)**

Diagnostics Performed Labs / UA / Radiographs / Other

**Referral Request**

- ☐ Regular Appointment (Next 7-14 days)
- ☐ Urgent Appointment (Next 3-6 days)
- ☐ Emergency Appointment (Within 2 days)

**Preferred Method of Contact**

- ☐ Phone ☐ Email
- ☐ Fax ☐ Cell

**Comments**

Please fax and/or email all **medical records, labs, radiographs**, and any other information that will assist in a diagnosis and treatment. Thank you for your referral.

