



800 W. Jericho Tpke, Huntington NY 11743  
Phone: (631) 923-3210 Fax: (631) 367-8130  
[www.WHAECC.com](http://www.WHAECC.com)

## Referral Form

Date: \_\_\_\_\_

Referring Hospital Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Referring Veterinarians Name: \_\_\_\_\_

Referring DVM/ Hospital Email: \_\_\_\_\_

Which method of communication would be most convenient to receive Admission and Discharge Summaries of your patients?

Email      Fax      Mail      Combination (please list): \_\_\_\_\_

Clients Name: \_\_\_\_\_

Clients Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Patients Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

### **Please Select Service:**

- Cardiology Services - Keith Blass, DVM, MS, DACVIM
- Dentistry Services - Donald DeForge, VMD (Practice limited to Dentistry)
- Dermatology Services - Andrew Rosenberg, DVM, DACVD
- Oncology Services - David Hunley, DVM, DACVIM
- Rehabilitation Services - Victoria Kearns, LVT, CCRP, NCM, OACM, Claire Bonadonna, LVT, CCRP
- Surgery Services - Matthew Raske, DVM, DACVS-SA, Ariel Kravitz, DVM, DACVS-SA, Mark Levy, DVM, DACVS-SA
- Theriogenology Services - Carol Margolis, DVM, DACT

Presenting Complaint: \_\_\_\_\_

Brief History: \_\_\_\_\_

Current Diagnostic Tests (including pending results): \_\_\_\_\_

Current Treatment and Medications: \_\_\_\_\_

\*Please fax over all history/diagnostic tests (including pending) with the form to (631) 367T 8130 or have your client bring with them, if possible. This form can be accessed from our website at [www.WHAECC.com](http://www.WHAECC.com)

**Thank you for your referral!**