



New York Veterinary Specialty Center

2233 Broadhollow Road (Rte. 110) Farmingdale, NY 11735

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REFERRAL FORM:

OWNER'S NAME:		
OWNER'S ADDRESS:		
CITY:	STATE:	ZIP:
OWNER'S HOME PHONE:	WORK PHONE:	
ANIMAL'S NAME:	SEX:	BREED:
WEIGHT:	AGE:	

FOR CONSULTATION WITH: (Please circle one below)

ALLAN CARB, DVM, DACVS
Surgery

SACHA MACE, BA, DVM
Internal Medicine

ARNOLD S. LESSER, VMD, DACVS
Surgery

MICHELE COHEN, DVM, MS
DACVIM (Medical Oncology),
DACVR-RO (Radiation Oncology)

PRESENTING COMPLAINT:
PATIENT HISTORY:

DIAGNOSTIC TEST PERFORMED/PENDING (PRE-ANESTHETIC CBC/CHEM IS REQUIRED FOR ALL IMAGING PROCEDURES; CHEST AND ABDOMEN RADIOGRAPHS REQUIRED FOR ALL MRI PROCEDURES)

TREATMENT GIVEN	DOSE/ROUTE	DURATION OF THERAPY	RESPONSE TO THERAPY

REFERRING VETERINARIAN:			
PRACTICE NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE NUMBER:	FAX NUMBER:		
EMAIL ADDRESS:	WEBSITE:		

Orthopedic Surgery * Neurosurgery * Soft Tissue Surgery * 24 Hour Care * Emergency Service * Diagnostic Imaging * CT Scan * Internal Medicine * Ultrasound * Oncology * Canine Rehabilitation

THANK YOU FOR YOUR REFERRAL