NEW YORK VETERINARY SPECIALTY CENTER
2233 Broadhollow Rd. (Rt. 110), Farmingdale, New York 11735
Phone 631-694-3400 | Fax 631-694-3401
www.nyvsc.com | *vets@nyvsc.com*

Referral Form

Owner's Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Pet's Name:	Sex: ☐ Male ☐ Female ☐ Neutered ☐ Spayed	Breed:	
Weight:	Age (DOB):	Color:	

Referring to:

☐ Emergency	☐ Internal Medicine	☐ Dermatology
☐ Surgery	☐ Out-Patient Ultrasound	☐ Cardiology
☐ Acupuncture	☐ Oncology	☐ Rehabilitation Therapy

Presenting Complaint:
Patient History:

Please fax over all diagnostic tests performed and let us know what tests are pending

<u>Pre-anesthetic CBC/Chem is required for all imaging and surgical procedures</u>

We recommend *<u>you</u>* do the blood work within 7 days of the procedure and send us the results.

Treatment Given	Dose/Route	Duration of Therapy	Response to Therapy

Referring Veterinarian:	Practice Name:		
Address:	City:	State:	Zip:
Phone:	Fax:		
E-mail:	Website:		

Surgery: *Allan Carb, DVM, DACVS*
Arnold Lesser, DVM, DACVS
Francisco Clemente, DVM
Rehabilitation Therapy: *Mike Olic, LVT*
Internal Medicine: *Kevin Schabbing, DVM, Practice Limited to Internal Medicine*
Dermatology: *Norma White-Weithers, DVM, MS, DACVD*
Cardiology: *George Kramer, DVM, DACVIM Cardiology*
Acupuncture: *Kira Purdon, DVM, CVA*

THANK YOU FOR YOUR REFERRAL!