



# Veterinarian Referral Form

1480 S County Trail, East  
Greenwich, RI 02818  
P: 401-886-6787  
F: 401-886-8998  
E: reception@osvs.net

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

Service to which referred (circle one):

ER / Critical Care Internal Medicine Surgery Oncology Neurology Ophthalmology  
Cardiology (Outpatient / Consult) Radiology (Outpatient Ultrasound / i131) Avian / Exotics

**Specialty Services**

***Critical Care***

Justine A Johnson DVM,  
DACVECC

Terry Hallowell DVM, DACVECC  
Kevin Kirchofer MS, DVM,  
DACVECC

***Internal Medicine***

Gary Block DVM, MS, DACVIM  
Sarah K. Crain, DVM, MS,  
DACVIM

Rebecca Kessler DVM, DACVIM  
Elizabeth Kubas, DVM, DACVIM  
Lauren Monhait DVM  
Paul Worhunsky DVM, DACVIM

***Surgery***

George Coronado DVM, MS,  
DACVS

S. Christopher Ralphs DVM,  
DACVS

David C. Sweet VMD, DACVS  
Amanda Panissidi, BVMS

***Oncology***

Caleb Alexander, DVM. DACVIM

***Neurology***

Lauren E. Marini DVM, DACVIM  
James P. Cellini, DVM, DACVIM

***Ophthalmology***

Marcia Aubin DVM, MS, DACVO

***Cardiology***

Adam Kane DVM, DACVIM

***Radiology***

Susan M. Newell DVM, MS,  
DACVR

***Avian/Exotics***

Lucy H. Spelman DVM, DACZM

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Client Email: \_\_\_\_\_ Tel #: \_\_\_\_\_

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

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Patient History \_\_\_\_\_ Sex: M / F Spayed/Neutered?: Y / N

Diagnosis / Chief Complaint: \_\_\_\_\_

Significant History / Treatments: \_\_\_\_\_

Diagnostics Performed: \_\_\_\_\_

(Please send radiographs & copies of test results with client or fax copies with referral form)

Are radiographs being sent? Y / N

Tests pending (list): \_\_\_\_\_

Vaccination History: \_\_\_\_\_

Current or Recent Medication or Therapy (include dosage/duration): \_\_\_\_\_

Referring Veterinarian Information:

Clinic: \_\_\_\_\_ Referring Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_