OCEAN STATE VETERINARY SPECIALISTS

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

Client Name: _____ **Patient Name:** _____

Client Email: _____ **Tel #:** _____

Address: _____

Species: _____ **Breed:** _____ **Age:** _____ **Color:** _____

Sex: M / F **Spayed/Neutered?:** Y / N

Patient History

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**: _____

Specialty Services

Critical Care
Justine Johnson DVM, DACVECC
Terry Hallowell DVM, DACVECC
Marisa Stone DVM, DACVECC

Internal Medicine
Gary Block, DVM, MS, DACVIM
Rebecca Kessler, DVM, DACVIM
Elizabeth Kubas, DVM, DACVIM
Lauren Monhait, DVM
Caylie Voudren, MS, DVM, DACVIM (SAIM)

Surgery
George Coronado, DVM, MS, DACVS
S. Christopher Ralphs, DVM, DACVS
David C. Sweet, VMD, DACVS

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