



# 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 Neurology Ophthalmology Cardiology  
(Outpatient / Consult) Radiology (Outpatient Ultrasound / i131) Avian / Exotics

### 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

#### **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: \_\_\_\_\_