



Scottsdale Veterinary Specialty and Emergency Center

REFERRAL FORM

22595 N Scottsdale Rd
Scottsdale, AZ 85255
480-339-2200
scottsdaleveterinaryspecialists.com

Emergency
BluePearl
Phone 480-949-8001
Fax 480-481-0036

Diagnostic Imaging
BluePearl
Phone 480-949-8001
Fax 480-481-0036

Internal Medicine
BluePearl
Phone 480-949-8001
Fax 480-481-0036

Cardiology
Desert Veterinary Medical Specialists
Phone 623-292-3342
Fax 480-365-0641

Eye Care
Eye Care for Animals
Phone 480-948-2362
Fax 480-367-6929

Surgery
Southwest Veterinary Surgical Service
Phone 480-339-2200 ext 6
Fax 480-656-5766

REFERRAL FORM

Referring Veterinarians Name: _____ Date: _____

Hospital Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Client Name: _____

Home Phone: _____ Work Phone: _____ Cell/Other: _____

Patient Name: _____

Species: _____ Breed: _____ Color: _____

Sex: _____ Altered: YES NO Age: _____

Primary Complaint/Reason for Referral: _____

If you feel extra information is needed, please attach additional page(s).

In addition to this form, we ask that you send all radiographs, ultrasound, CT and MRI images (even if they have no significant findings) with the client, and we will return them to your office. You may also email digital copies. Please call for the email address.

Please FAX or email all *original* lab reports to the office, as well as records directly relating to this medical condition. The fax number is listed under each practice above. Please call the specialist if there is any immediate information you need to relay about this case.

Thank you for the opportunity to participate in the treatment of this patient.