BAY STATE VETERI	NARY Veterinarian Referral	463 Swansea Mall Dr, Swansea, MA 02777 P:508-379-1233
		F:508-379-1102
	Form	E: baystate@bsvess.com
EMERGENCY & SPECIALTY	Y SERVICES	
Specialty Services		Date:
Internal Medicine Gary Block DVM, MS, DACVIM Lauren Monhait, DVM Sara Wilkes, DVM	Service to which referred (circle one): Emergence Medical Oncology	Radiation Oncology Outpatient Echo
<i>Surgery</i> Lori Agulian, DVM, DACVS M. Faulkner Besancon, DVM, DACVS Teiko Takedai, VMD	Client Name:	
<u>Medical Oncology</u> Amy Koterbay, BVMS, MS, DACVIM		
<u>Radiation Oncology</u> Kevin Ware, DVM, ACVR-RO	Telephone number:	
<u>Critical Care</u> Justine Johnson, DVM, DACVECC Natalie Rosenstein, DVM, DACVECC	Patient Name:	
<u>Emergency Clinicians</u> Danee Desrochers, DVM Jenni Huelsman, DVM Ann Klocke, VMD	Patient Breed: Sex:	Age:Age:
Taylor LaFountain, DVM Lindsey Miller, DVM Meredith Nelson, DVM Shelly Pancoast, DVM Aubrey Sapala, DVM Jessica Van Loon, DVM	Patient History: Sr Diagnosis / Chief Complaint:	
Significant History / Treatments:		
Diagnostics Performed:		
(Please send radiographs & copies of test results with client or email or fax copies with referral form)		
Are radiographs being sent? Y / N	Tests pending (list):	
Current or Recent Medication or Therapy (include dosage/duration):		
Referring Veterinarian Information:		
Name:	Clinic:	
Phone #:	Fax:	Email: