

## Veterinarian Referral Form

463 Swansea Mall Dr, Swansea, MA 02777

P:508-379-1233

F:508-379-1102

E: baystate@bsvess.com

### **Specialty Services**

#### **Internal Medicine**

### Medical Oncology

# Radiation Oncology Kevin Ware, DVM, ACVR-RO

#### Critical Care

#### **Emergency Clinicians**

\_\_\_\_\_ Fax:\_

Cnacialty Campiage	Date:
Specialty Services	
Internal Medicine Gary Block DVM, MS, DACVIM Lauren Monhait, DVM	Service to which referred (circle one): Emergency Internal Medicine Surgery  Medical Oncology Radiation Oncology Outpatient Echo Outpatient Ultrasound
Caylie Voudren, MS, DVM, DACVIM (SAIM) Sara Wilkes, DVM	Client Name:
<u>Surgery</u> Lori Agulian, DVM, DACVS M. Faulkner Besancon, DVM, DACVS	Address:
<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	Patient Name:
Natalie Rosenstein, DVM, DACVECC  Emergency Clinicians	Patient Breed:
Danee Desrochers, DVM Jenni Huelsman, DVM Ann Klocke, VMD Taylor LaFountain, DVM Lindsey Miller, DVM	Patient History: Spayed or Neutered: Y / N  Diagnosis / Chief Complaint:
Meredith Nelson, DVM Shelly Pancoast, DVM Karolina Preisner, DVM Aubrey Sapala, DVM	
Jessica Van Loon, DVM	
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:

\_\_\_\_\_ Email:\_\_