

REFERRAL FORM



Therapeutic Options

Twinbrook Animal Clinic, Inc.
1120 Pittsburgh Rd. Valencia, PA 16059
Phone: 724-898-2300 Fax: 724-898-2318

Thank you for your referral. We develop each patient’s treatment plan individually and are committed to achieve the highest quality outcome for your patient needing rehabilitation and/or conditioning. We will fax to you our treatment plan and regular progress updates. Any conditions arising during your patient’s treatment with us, including vaccinations required to be a patient at our facility, will be referred back to you or the regular veterinary clinic for assessment and work-up. Feel free to contact us at any time regarding your patient’s rehabilitation and/or conditioning program.

Please: 1) fill out this form and fax it to our office at 724-898-2318; 2) give the Client Information Packet to your client and have them call us to set up their pet’s initial consultation; and 3) send all relevant radiographs and lab reports with your client.

Referred by Dr. _____ **Clinic/Hospital** _____
Address _____
Phone _____ **Fax** _____ **E-Mail** _____

Client Name _____
Client Address _____
Phone: Home _____ **Business** _____ **Cell** _____

Patient Name _____ **Species** _____ **Breed** _____
Age _____ **Gender:** M MN F FS **If spayed/neutered, at what age?** _____
Vaccination dates: DHPP _____ **Bordetella** _____ **Rabies** _____

Chief complaint, Diagnosis, or Date and Type of Surgery _____

Physical Findings _____

Laboratory Data _____

Significant Radiographic Findings _____

All Current Medications/Supplements and Doses _____

Pre-existing Conditions _____

Restrictions, Requests or Comments _____

I certify that this pet has had a physical examination within the past three months and that he/she has no known health problems that would endanger him/her during physical rehabilitation and/or conditioning.

Referring Veterinarian’s Signature **Date** _____

Please send me more pre-printed Referral Packets. **Quantity:** 5 10 20