

## Surgery

**Dr. Kevin Isakow**

BVSc., MVSc., Diplomate ACVS

**Dr. Noel Moens**

DVM, MSc, Dipl ACVS, Dipl ECVS



## Rehabilitation

**Dr. Joanne Fagnou**

DVM, CCRP

**Dr. James Dundas**

DVM, MVSc. Diplomate ACVS

### Referral Service:

Surgery

Rehabilitation

Acupuncture

### Clinic Information:

Referring Doctor: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Clinic Telephone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

### Client Information:

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Telephone: \_\_\_\_\_

### Patient Information:

Patient Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: O M O MN O F O FS

**Diagnosis:** \_\_\_\_\_

**Diagnostics/Blood Tests Performed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Treatments/Medications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Instructions/Comments:** \_\_\_\_\_

\_\_\_\_\_

Radiographs sent:  Yes  No  N/A

Lab Results faxed:  Yes  No  N/A

THANK YOU FOR THE REFERRAL

404VH Use → Client has scheduled an appointment for \_\_\_\_\_

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