



**CAROLINA
VETERINARY
SPECIALISTS**



Referral Form

Appointment:

DATE _____ TIME _____

DOCTOR _____

Please follow these directions:

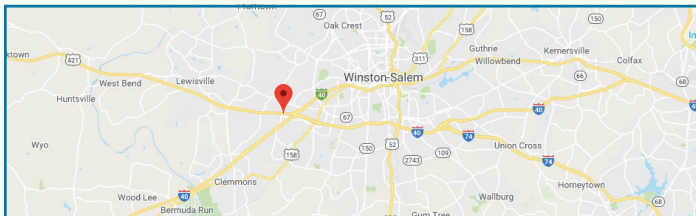
- Go directly to hospital listed below to be seen on an **emergency** basis
- Call the number listed below and make an **appointment** with:



GREENSBORO

501 Nicholas Road, Greensboro, NC 27409
Phone: 336.632.0605 | Fax: 336.632.0703
Email: cvsreception@carolinavet.com

- BEHAVIOR
- OPHTHALMOLOGY
- EMERGENCY MEDICINE
- OUTPATIENT ULTRASOUND
- INTERNAL MEDICINE
- RADIOLOGY
- ONCOLOGY
- SURGERY



WINSTON-SALEM

1600 Hanes Mall Boulevard, Winston-Salem, NC 27103
Phone: 336.896.0902 | Fax: 336.896.1969
Email: frontdeskws@carolinavet.com

- EMERGENCY MEDICINE
- REHABILITATION
- INTERNAL MEDICINE
- SURGERY
- NEUROLOGY

Patient Information:

PATIENT / PET NAME _____ BREED _____

AGE _____ SEX _____

OWNER NAME _____

CONTACT INFO _____

Referring Veterinarian:

VETERINARIAN _____

HOSPITAL / CLINIC _____

PHONE NUMBER _____

EMAIL ADDRESS _____

Medical Records:

- MEDICAL RECORDS PROVIDED
- MEDICAL RECORDS SENT SEPARATELY
- RADIOGRAPHS EMAILED
- CLIENT TO BRING RADIOGRAPHS TO APPOINTMENT

Brief Medical History:
