



The experts in compassionate care.

Radiology Outpatient Referral Form

DVMS would like to thank you for your referral and continued partnership.

In order to streamline our Radiology outpatient procedure referral process and provide the best experience for your clients and patients, we have reformatted and made some changes to the referral process.

We ask that this form be returned within 24 hours and include the following:

- Last 12 months of medical records
- Last 12 months of labs
- Any radiographs and or/report
- Any other information you may find pertinent to the patient's medical needs/concerns

This referral form along with all the requested records must be received before any outpatient procedures will be scheduled.

If you have any questions or concerns, please call us at
480-635-1110 option 7



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Please return by fax or email-

Email: Internalmed@dvmspecialists.com

Fax: 480-892-0540

Phone: 480-635-1110 option 7

DVMS Outpatient Radiology Referral Form

Today's Date: _____ Referring Doctor: _____

Referring Clinic: _____ Clinic Fax#: _____

Client Name: _____ Client Phone #: _____

Patient Name: _____ Species: _____ Breed: _____

Sex: _____ Spayed/Neutered: _____ Patient DOB: _____

History: _____

Procedure/Appointment Type

- Outpatient Ultrasound
- Outpatient Radiographs
- Outpatient CT- rDVM must call prior to owner scheduling appointment to speak with a radiologist

This form will be MANDATORY for all outpatient services offered by radiology to help ensure that we are assisting in the care of your patient in the best way possible. We also ask that you return this form with the below items which can be sent by email to internalmed@dvmspecialists.com or by fax to 480-892-0540. Results of all outpatient procedures will be sent to you to plan follow-up treatment.

UPDATE: To best meet client/patient needs we will only schedule outpatient ultrasounds with clients once we receive this form along with the listed items below.

If you are referring your patient for either Internal Medicine or Cardiology, we also request the items below.

- Last 12 months of medical records
- Last 12 months of labs
- Any radiographs and or/report
- Any other information you may find pertinent to the patient's medical needs/concerns

Signature of the person who complete this form: _____ Date: _____

