



# ARIZONA VETERINARY ONCOLOGY

[www.ArizonaVeterinaryOncology.com](http://www.ArizonaVeterinaryOncology.com)

## REFERRAL FORM

Arizona Veterinary Specialty Center  
86 West Juniper Avenue, Ste 5  
Gilbert, Arizona 85233  
**Phone: 480-327-6690    Fax: 833-966-1984**  
PetCure.AVOGilbert@ThrivePet.com

Referring Veterinarian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Written Communication:    Fax ☐    Email ☐    Mail ☐

Client Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered? Y ☐ N ☐ DOB: \_\_\_\_\_

Cancer Diagnosis: \_\_\_\_\_

History/ Physical Findings: \_\_\_\_\_

Treatments (including medications and doses): \_\_\_\_\_

In addition to this form, we ask that you send all radiographs, ultrasound, CT and MRI images (even if they have no significant findings). You may also email digital copies at the email address listed above. Please fax or email all original lab reports to the office, as well as all records directly relating to this medical condition. Please call the specialist if there is any immediate information you need to relay about this case or need to discuss patient care while waiting for the oncology appointment.