

Date:



## Medical Oncology - Referral Form

This form is required in order to get a patient SCHEDULED for a consultation. Referrals will not be considered if this form is not submitted. All records pertaining to the cancer diagnosis including all laboratory, radiograph, ultrasound, and advanced imaging reports need to be email as well.

All cases must have been seen within the past 1-2 months by you or another veterinarian in regards to the reason for oncology referral. Please feel free to call us at 503.477.7122 with any questions/concerns. Thanks you!

Pet Name:  Canine  Feline  Male  Female Age/DOB

Neutered/Spayed?  Yes  No Patient weight: \_\_\_\_\_ Breed: \_\_\_\_\_

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

Client Phone: \_\_\_\_\_ Client E-mail: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail / Fax for sending records \_\_\_\_\_

Other clinics with pertinent records \_\_\_\_\_

### Medical information

Is diagnosis  Confirmed  Suspected

Check diagnostics completed and send all reports and images.

Cytology  Biopsy  Bloodwork  Radiographs  Ultrasound  Other

Brief summary of case/reason for referral: \_\_\_\_\_

Current treatments: \_\_\_\_\_

Is the client seeking  Chemotherapy  Staging  Hospice/end of life care?

Do you need guidance with pre-referral diagnostics or help to keep the pet comfortable prior to referral?

If yes, please email us at [connect@orev.vet](mailto:connect@orev.vet)

**PLEASE send completed form and records to [connect@orev.vet](mailto:connect@orev.vet).**