

Bluegrass Veterinary Specialists
Internal Medicine Referral
1591 Winchester Rd. Suite 106
Lexington, KY 40505
(859) 268-7604
Fax (859) 335-8635

Referring Veterinarian: _____

Clinic address: _____

Clinic Phone Number: _____ Fax: _____

Owner: _____

Owner address _____

Phone number (H) _____ (W) _____ (C) _____

Pet name: _____ Signalment _____ Weight _____

Reason for referral:

Patient medical history and Concurrent problems:

Diagnostics performed (please include copies of labwork, medical record notes, radiographs, etc)

Treatments received (please include mg dosages)

Dear Doctor,

Thank you for referring this patient to the internal medicine section at Bluegrass Veterinary Specialists. Please have the owner bring this referral form to the appointment.

You will receive a referral letter and a copy of the discharge instructions after the appointment. If you have any questions regarding follow up care and treatment, please do not hesitate to call me.

Sincerely,

Antu Radhakrishnan, DVM