

CAROLINA  
VETERINARY  
SPECIALISTS



# Referral Form

## Appointment:

DATE \_\_\_\_\_ TIME \_\_\_\_\_

DOCTOR \_\_\_\_\_

## Please follow these directions:

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

### ☐ MATTHEWS, NC

4099 Campus Ridge Road, Matthews, NC 28104  
Phone: 704.815.3939 | Fax: 704.815.3940  
Email: matthewsreferrals@carolinavet.com

- |                                             |                                                       |
|---------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> CARDIOLOGY         | <input type="checkbox"/> OUTPATIENT ULTRASOUND ONLY   |
| <input type="checkbox"/> EMERGENCY MEDICINE | <input type="checkbox"/> FULL CONSULT WITH ULTRASOUND |
| <input type="checkbox"/> INTERNAL MEDICINE  | <input type="checkbox"/> RADIATION ONCOLOGY           |
| <input type="checkbox"/> MEDICAL ONCOLOGY   | <input type="checkbox"/> SURGERY                      |
| <input type="checkbox"/> NEUROLOGY          |                                                       |

### ☐ CHARLOTTE, NC

2225 Township Road, Charlotte, NC 28273-3903  
Phone: 704.504.9608 | Fax: 704.504.9606  
Email: charlottereferrals@carolinavet.com

- |                                             |                                                       |
|---------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> EMERGENCY MEDICINE | <input type="checkbox"/> OUTPATIENT ULTRASOUND ONLY   |
| <input type="checkbox"/> INTERNAL MEDICINE  | <input type="checkbox"/> FULL CONSULT WITH ULTRASOUND |
| <input type="checkbox"/> OPHTHALMOLOGY      | <input type="checkbox"/> SURGERY                      |

### ☐ HUNTERSVILLE, NC

12117 Statesville Road, Huntersville, NC 28078-9278  
Phone: 704.949.1100 | Fax: 704.949.1101  
Email: huntersvillereferrals@carolinavet.com

- |                                                |                                                       |
|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> AVIAN AND EXOTIC PETS | <input type="checkbox"/> MEDICAL ONCOLOGY             |
| <input type="checkbox"/> BEHAVIOR              | <input type="checkbox"/> OUTPATIENT ULTRASOUND ONLY   |
| <input type="checkbox"/> EMERGENCY MEDICINE    | <input type="checkbox"/> FULL CONSULT WITH ULTRASOUND |
| <input type="checkbox"/> INTERNAL MEDICINE     | <input type="checkbox"/> SURGERY                      |

### ☐ ROCK HILL, SC

760 Addison Avenue, Rock Hill, SC 29730  
Phone: 803.909.8300 | Fax: 803.327.1698  
Email: rockhillreferrals@carolinavet.com

- |                                             |                                                       |
|---------------------------------------------|-------------------------------------------------------|
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| <input type="checkbox"/> INTERNAL MEDICINE  | <input type="checkbox"/> FULL CONSULT WITH ULTRASOUND |
| <input type="checkbox"/> NEUROLOGY          | <input type="checkbox"/> SURGERY                      |

## 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 AT APPOINTMENT

## Brief Medical History:

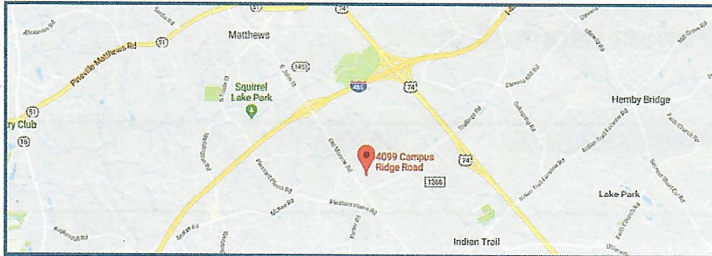
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

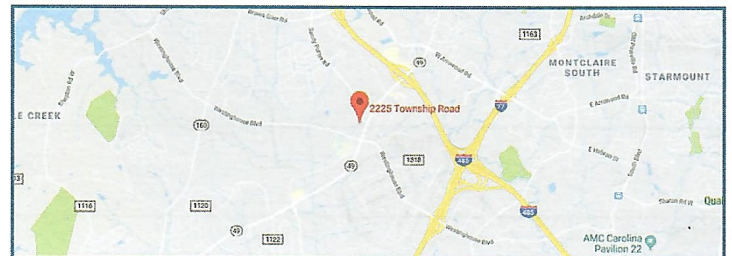


# Carolina Veterinary Specialists Locations



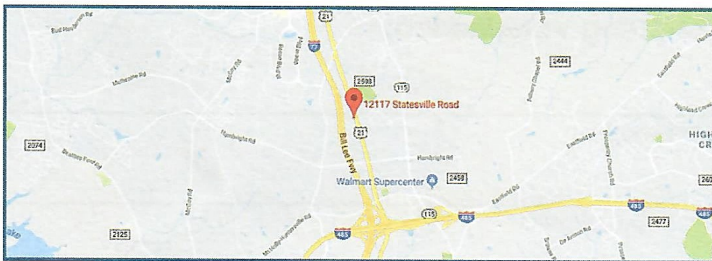
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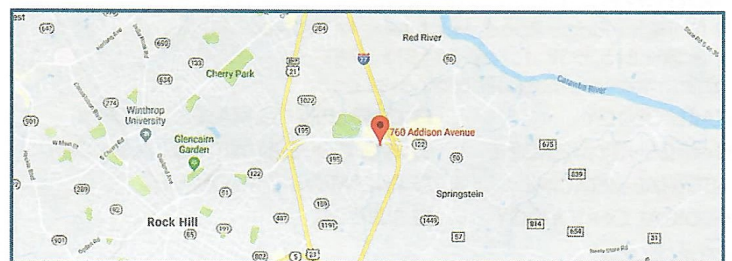
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For more information visit: [carolinavet.com](http://carolinavet.com)