



The one to call – 24/7
REFERRAL REQUEST FORM

- REFERRAL SERVICES**
- Surgery**
 Dr. Daniel Guastella, DACVS
 Dr. Brian K. Sidaway, DACVS
 - Internal Medicine**
 Dr. Vera Maeckelbergh, DACVIM (SAIM)
 Dr. Jonathan Kreissler, DACVIM (SAIM)
 - Critical Care**
 Dr. Alisa Reniker, DACVECC
 - Canine & Feline Practice**
 Dr. Justine Mumaw, DABVP (Canine & Feline)
 - Rehabilitation Therapy**
 Dr. Heather Lindgren, CCRT
 Dr. Jessica Venable, CVA, CCRT

E-mail Referrals@1stpetvet.com
 Web www.1stpetvet.com/referrals

- Select Preferred Location(s)
- North Valley** **623.849.0700**
 18453 N 7th Ave. Phoenix, AZ 85023
 - Mesa** **480.924.1123**
 5404 E Southern Ave. Mesa, AZ 85206
 - Chandler** **480.732.0018**
 1233 W Warner Rd. Chandler, AZ 85224



Client / Patient Information <input type="checkbox"/> Canine <input type="checkbox"/> Feline		Date:	
Patient Name		Referring Veterinarian	
DOB/Age		Hospital/Clinic	
Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS		What is the best way to reach you with results or questions?
Breed			
Client Name		Please CALL this number:	
Client Phone		Please send Email to:	
Client E-mail		Fax records to hospital:	

- REFERRAL SERVICE REQUEST – How can we help you?**
- Surgery Consultation – ORTHOPEDICS**
 - Surgery Consultation – SOFT TISSUE SURGERY**
 - Internal Medicine Consultation**
 - Chemotherapy Consultation (includes BOTH Oncologist & Internal Medicine Consultation/case management)**
 - Rehabilitation Consultation**
 - Palliative Care/Hospice Consultation (includes consultation with BOTH Palliative Care Doctor and Veterinary Social Worker)**
 - Critical Care Consultation**

CASE SUMMARY

How can we help? *Tentative Diagnosis(es) or Issues prompting referral. Specific procedures requested or discussed with client.*

History of Present Illness *Please include clinical signs, their onset, duration, progression, and severity.*

Summary of clinical findings *Pertinent diagnostic results & timeline. Please send complete lab reports and imaging.*

Current Treatments *Please include any current or previous treatments associated with this illness and response; allergies?*

Anything else we need to know? *Specific Questions, Comments or Concerns, and Special Arrangements*

Thanks for putting your trust in our Specialists! Next Steps:

- Please send completed Referral Request Form, and pertinent records to referrals@1stpetvet.com or fax 480 963-6650
- Our Specialty Referral Coordinator will reach out to you and/or the client for additional information and appointment availability