REFERRAL FORM for VIMS, Dr Saskia Quante

Ref. clinic/GP: _____

Contact nbr/email: _____

Client name/phone: _____

Name of patient: _____ Species: _____ Breed: _____ Age: _____

Presenting problem / Tentative diagnosis: _____

_____

_____

_____

_____

_____

_____

_____

_____

Current medicine: (Please list all drug names/dose in mg/kg)

_____

_____

_____

Diagnostic tests performed (check where applicable)

Blood testing ☐ Urinalysis ☐ Radiographs ☐ Ultrasound ☐ Cytology/Histology ☐
Please provide all test results / imaging reports before time of referral appointment.

The Owner is informed about referral cost ☐

I will contact you as soon the case has been fully assessed and a therapy plan is developed. You will get an update latest after 48 hours as we will need to focus on the patient and client first. In ongoing cases, I will send you regular updates of the progress. For a successful referral, we need your support with sending us the results of all previously performed diagnostic tests that lead to the provisional diagnosis, before the consultation. A referral letter with a full assessment and therapy plan will be provided to you as soon the case is transferred back into your care. Do not hesitate to contact me if you wish to discuss this case in more detail. Thank you again for entrusting your client with me.

Sincerely, Dr Saskia Quante (vimssq.com/ vimssq@outlook.com)