



Patient Referral Form

Date: _____

Attention Service:

*Please check appropriate box below

Internal Medicine
Anne S Hale DVM

Regenerative Medicine
Anne S Hale DVM

Appointments available:

Monday: 8:00am to 5:00pm

Tuesday: 8:00am to 5:00pm

Wednesday: 8:00am to 1:00pm

Friday: 8:00am to 5:00pm

Urgent: Please contact a Client Services Representative by phone for the next available appointment.

Referring Veterinarian Information:

Veterinary Hospital/Clinic: _____

Doctors Name: _____ Phone: _____

How would you prefer to be contacted on this case?

Fax: _____ Email: _____

Client Information:

Name: _____

Primary Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Information:

Name: _____

Species: _____ Breed: _____

Age: _____ Color: _____ Sex: _____

Reason for Referral: _____

Medical Records

Records
 Sent with client
 Emailed
 Faxed
 None

Lab Results
 Sent with client
 Emailed
 Faxed
 None

Imaging
 Sent with client
 Emailed
 None

Expectations for this case: Consult only. Please return to my office for diagnostic testing and treatment.
 Please manage the diagnostic testing and treatment at Zia Pet Hospital

Would you like to set up a Televideo consultation with Dr. Hale to determine if you should refer?
Contact Referrals@ZiaVet.com for available times.

373 Unser Blvd SE, Rio Rancho, NM 87124

www.ziavet.com

Phone: 505-314-8024

Email: Referrals@ZiaVet.com

Fax: 505-314-8040