



# Cardiology Northwest

Part of Animal Care Group of Lake Oswego

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**“Collaboration for Compassionate Care through World-Class Medicine”**

## Patient Referral and Record Request Form

Referring Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

Referring Hospital \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient Name \_\_\_\_\_ Owner Name \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

[ ] This patient has an appointment scheduled on \_\_\_\_\_ [ ] this client will call to schedule appt.

**Please use this form as a cover sheet and FAX (503-636-2549) or E-MAIL (info@heartvet.com) the following information PRIOR to the above appointment date!**

1. The last **6-12 months** of cardiac relevant medical records.
2. **Recent** diagnostics and related reports (blood work, ECG's, radiograph/ultrasound reports, etc.).
3. **Chest radiographs** for Dr. Wood to review:  e-mailed to info@heartvet.com  sent with the owner.

Chief concern: \_\_\_\_\_

Below, please provide a **brief** clinical history:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current therapy and medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special requests or comments:

\_\_\_\_\_

\_\_\_\_\_

An exam report will be faxed to you within 48 hours of your clients' appointment. Should you have any questions about a case, Dr. Wood is always willing to consult by phone (503-246-9689) or e-mail (info@heartvet.com).

**Thank you for your referrals!**