



Nick A. Faber, DVM
Diplomate, ACVO

OPHTHALMIC CONSULTATION * SURGERY OF THE EYE
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www.animalvisioncenter.com * animalvision@sbcglobal.net

PATIENT REFERRAL INFORMATION SHEET

VETERINARIAN INFORMATION:

Date: _____

Veterinarian: _____ Hospital: _____

Phone: () _____ Fax: () _____

STREET ADDRESS CITY STATE ZIP CODE

PATIENT INFORMATION:

Client's Name: _____ Patient's Name: _____

Phone: H () _____ W () _____ Age: _____ D.O.B. _____

Breed: _____

Patient's Temperament: good nervous may bite muzzle Gender: M Mn F FS

CLINICAL SIGNS AND HISTORY:

EYE(S) INVOLVED: OD OU OS

Present Ocular Conditions and Clinical Signs: _____

Treatment and Response: _____

Tentative Diagnosis, Comments and Concerns: _____

Previous or Current Systemic Disease and Medications, and adverse reactions: _____

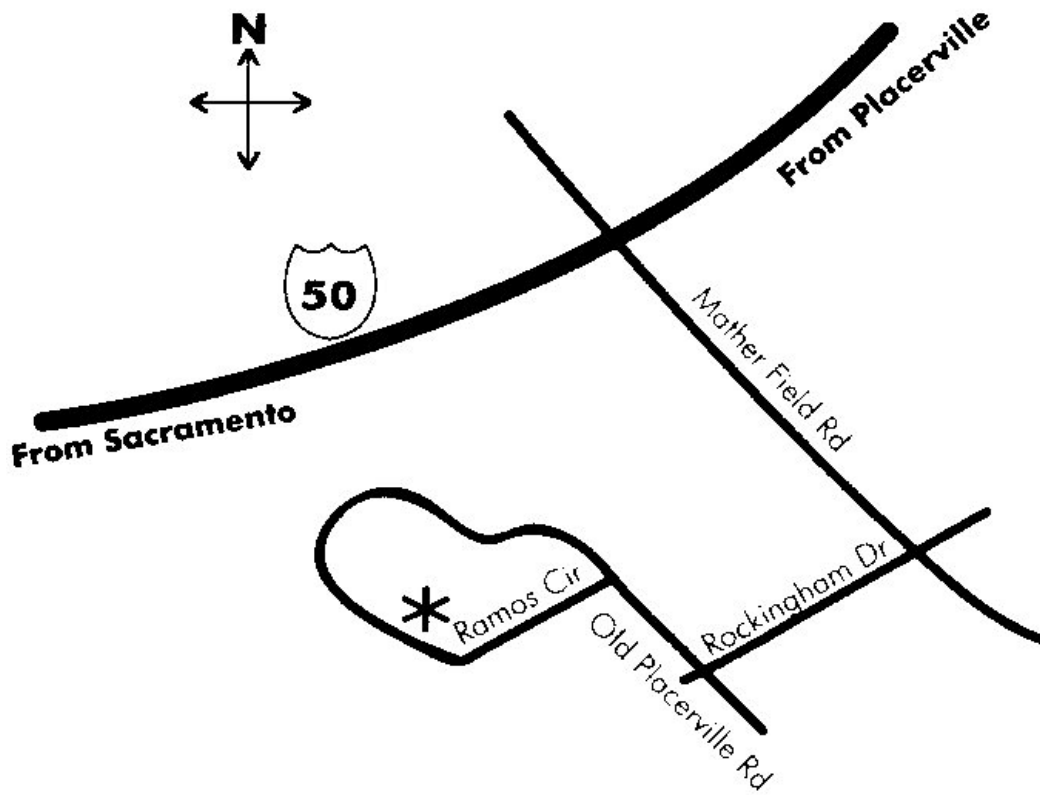
IF DOG IS DIABETIC: Is Diabetes Controlled? YES / NO When first diagnosed? _____

Lab History (please fax most recent labwork/pertinent medical record): CBC date: _____ Chemistry date: _____

Assessment of Anesthetic risk: (low) I II III IV V VI (high)

SEE MAP ON BACK

Please FAX this form to us AND have the client bring it to the appointment. Please call if you have any questions or concerns. It is our pleasure to assist you in the care of your patient.



www.animalvisioncenter.com

Directions:

Convenient access, 2 minutes off Highway 50 and Mather Field exit.

- 1) Highway 50**
- 2) Mather Field exit – SOUTH**
- 3) Rockingham Drive – first RIGHT turn**
- 4) Old Placerville Road – first RIGHT turn**
- 5) Ramos Circle (Pioneer Fifty Business Center) – LEFT turn**
- 6) 3222 Ramos Circle – fourth (4th) building on the right**

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