

Coastal Veterinary Dermatology & Ear Clinic

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Referral Form

We greatly appreciate your referral to our practice. We are dedicated to working closely with you as part of a comprehensive medical team for the care of the patient. Please take the time to complete the information below and return the form to us prior to the patient's visit. Additionally, please send all medical records which are relevant to the case, especially pertaining to the dermatologic condition. This is best received through e-mail.

Referring Veterinarian _____

Clinic Name _____

Client Name/Phone# _____

Patient Name _____

Reason for Referral _____

Please remind all clients that they should arrive 15 minutes prior to their scheduled appointment time to ensure that all paperwork is completed and that their appointment will start at the appropriate time.

We will send you a referral report for the patient's visit within 24 hours of them being seen, typically the same day as the appointment. This will be sent via e-mail or fax. Again, thank you for your referral!