

FAX REFERRAL FORM
(for use by referring veterinarians only)
Carolina Veterinary Specialists

Southwest Charlotte
2225 Township Road - Charlotte
Tel: 704-504-9608
Fax: 704-504-9606

Internal Medicine
Surgery
Neurology
Ophthalmology
Oncology
Cardiology
Emergency / Critical Care

Huntersville
12117 Statesville Road - Huntersville
Tel: 704-949-1100
Fax: 704-949-1101

Internal Medicine
Surgery
Avian / Exotics
Behavior
Emergency / Critical Care
Ophthalmology
Neurology
Oncology

CVS USE ONLY

H: _____

W/C: _____

Date: _____

Time: _____

Dr.: _____

Initial/Date _____

Referring DVM Information

Referring DVM: _____
Clinic/hospital: _____
Clinic phone no.: _____

Client and Patient Information

Client's last name: _____
Patient's name: _____
Patient's breed: _____ Patient's age: _____ Patient's sex: _____

Referral Particulars

If this is an emergency please contact our office directly.
Service referred to: (or circle above) _____
Chief complaint: _____

Background Medical Information

Full medical record must follow this referral before appointments will be scheduled.
X-rays will be coming with the owner _____, will *not* be coming with the owner _____.

Please have your client call the appropriate CVS location for an appointment.

Directions on our website: www.carolinavet.com

**Note: If your office makes the appointment for the client,
we do not consider the appointment confirmed until the client calls to confirm!**