



REFERRAL FORM

CARE SURGERY CENTER

☎ 623.328.9007

6677 W. Thunderbird Rd / Building L188
Glendale, AZ 85306

Referring Veterinarian Information

Referring Veterinarian's Name _____ Referral Date _____

Hospital Name _____

Street Address _____ City _____ State _____

Phone _____ Fax _____

Email _____

Referred Client and Patient Information

Client Name _____ Home Phone _____

Client Email _____ Cell Phone _____

Patient Name _____ Male Female Age _____ Altered? Yes No

Species _____ Breed _____ Color _____

Service Requested

- Surgery Consult
- Minimally Invasive Surgery
- Orthopedics
- Cruciate Ligament (TPLO)
- Fractures
- Soft Tissue Surgery
- Abdominal Surgery
- Thoracic Surgery
- Oncological Surgery (Cancer)
- Emergency Surgery
- Spinal Surgery

Reason for Referral / Exam Findings

Sending Records

- Fax **623.440.5709**
- Email **rdvm@caresurgerycenter.com**
- With Client

Please include a copy of medical records, lab work and radiographs (if available) with referral.

