Animal Neurology & Imaging
Animal ER
www.BrightCareVet.com

BRIGHTCARE
VETERINARY GROUP

26012 Marguerite Pkwy, Suite 0
Mission Viejo, CA 92692
(949) 716-9270
(949) 716-9006

PATIENT REFERRAL FORM

Date:			
Referring Hospital:		Referring Doctor:	
Phone Number:		Fax Number:	
Email:		☐ BrightCare to call the client to set up an appointment	
Referring Hospital Antech /Idexx Codes (To access labs as needed):			
How would you like to be contacted? ☐ Tel ☐ Fax ☐ Mail ☐ Email			
Client Name:		Client Contact Number:	
Pet Name:	Age: Color:	Species: ☐ K9 ☐ Fe Altered? ☐ Yes ☐ No	Other Species:
Presenting Problem:			
Pertinent History:			
Diagnostic Tests Performed or Pending (Please include copies of last report, X-Rays and other diagnostics):			
Medications / Treatments:			
Referral Request: As the referring veterinarian, my expectations for this case are as follows: (please check one) ☐ Hospitalization and definitive care ☐ Overnight care and return in the morning ☐ Please call to discuss after assessment of the patient ☐ Referral for the following procedure (Please Specify):			
Estimated Date / Time of Arrival:			

Check Appropriate Referral Department	Department Email	Fax:
☐ Neurology / Neurosurgery	neurology@brightcarevet.com	949-716-9006
☐ Emergency / Critical Care	ecc@brightcarevet.com	949-716-9006
☐ Advanced Imaging (please use the back of this form)	imaging@brightcarevet.com	949-716-9006

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Advanced Imaging Referral is only for non-neurological cases. CBC / Chemistry results (performed within the last 2 weeks) should be available prior to imaging. Imaging of nervous system will only be performed with consultation with the Neurology Department.

(For additional information or questions please refer to the website or contact us.)

Non-Neurological Advanced Imaging:	☐ CT Scan ☐ MRI
Body Parts to be Scanned:	☐ Thorax ☐ Abdomen ☐ Cervical - Soft Tissue ☐ Skull / Bullae ☐ Skull / Nasal ☐ Skull / Orbit ☐ Musculoskeletal (Describe): ☐ Others (Please Specify):

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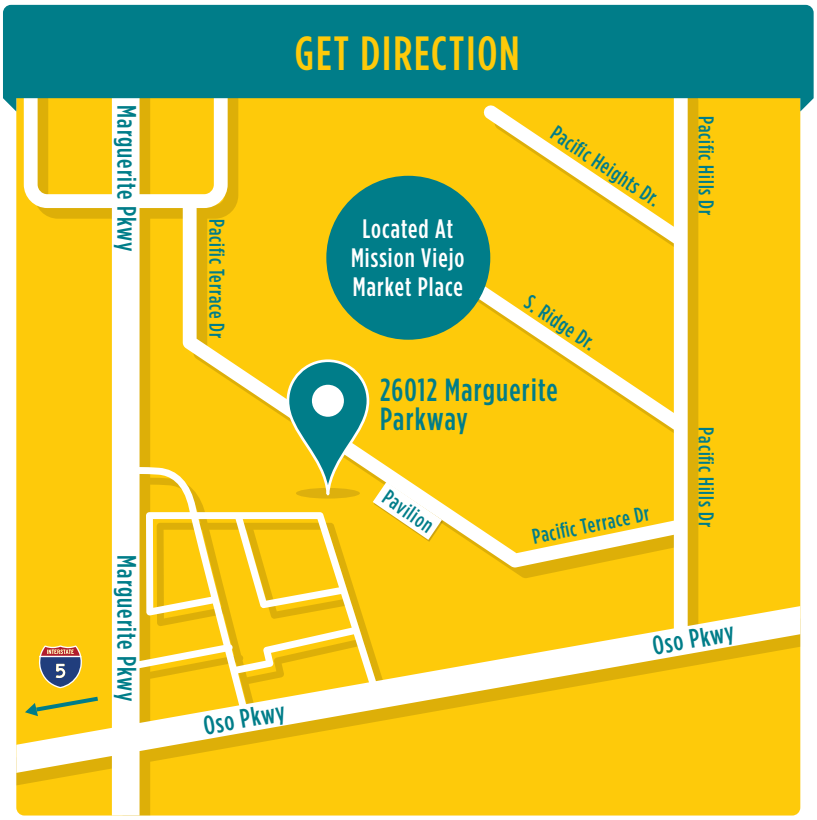

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