

*Veterinary Allergy &
Dermatology Services*

October 26th, 2018

To our referring Veterinarians:

We are adopting a policy of referral only to facilitate getting your patients seen in a timely manner.

Please either call and speak with a staff member, email us to refer a patient, or you may fill out attached form and send to us via fax or email. **Please ask the client to call us to schedule.** You may send records with the referral by email if you wish. Otherwise we will request records after the appointment is scheduled.

Phone: 541-988-5458

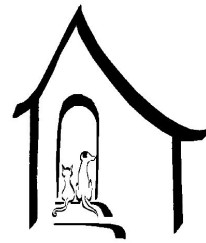
Fax: 541-746-0599

Email: vetallergy@gmail.com

We thank you for your continued support of our service. Please do not hesitate to contact us if you have any questions regarding this.

Thank you.

Dr. Trish Ashley-DeVore & staff



*Veterinary Allergy &
Dermatology Services*

Veterinary Allergy & Dermatology patient referral form

*****Please instruct the client to call us to schedule an appointment.**

I am authorizing referral of the following client and patient to you for their dermatologic issues:

Our Phone: 541-988-5458

Our Fax: 541-746-0599

Our Email: vetallergy@gmail.com

Client name: _____

Patient name: _____ Age: _____ Canine/Feline

M/F Neutered/Spayed Breed: _____

Reason for referral:

Referring DVM: _____

Referring clinic: _____

Thank you!



Veterinary Allergy & Dermatology patient referral form

The following client and patient are requesting an appointment with us for their dermatologic problem. Can you please confirm or decline this referral and fax or email this form back to us? Thank you.

Our Phone: 541-988-5458

Our Fax: 541-746-0599

Our Email: vetallergy@gmail.com

Client name: _____

Patient name: _____ Age: _____ Canine/Feline

M/F Neutered/Spayed Breed: _____

I **authorize** the above patient for referral to Dr. Trish Ashley-DeVore []

Reason for referral:

I **DO NOT** authorize this patient for referral to Dr. Trish Ashley-DeVore []

DVM: _____

Clinic: _____

Thank you!