



Animal Eye Care

PATIENT REFERRAL FORM

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1612 Washington Blvd
Fremont, CA 94539
510-623-0444 telephone
510-657-6855 fax

Date: _____ Patient Name: _____

Client Name: _____

Referred by Doctor: _____

Hospital Name: _____

Hospital Address: _____

Hospital Phone: _____ FAX _____

Referring Doctors:

- Please summarize problem:

- Provide case history. Include duration of illness, signs observed, recent or appropriate laboratory results, and any surgical or medical treatment prescribed. List any ophthalmic drugs that have been or are being used and the frequency of administration.
- A referral letter and/or telephone call will be made to you the day of the appointment.

New Clients:

- Please arrive 15 minutes prior to your appointment time.
- Bring all eye drops and ointments, pills or capsules that your pet uses or has used in the past.
- Bring other information (such as blood tests) that will help us manage your pet's case.
- Directions and more information can be found at our website:
www.animaleyecare.com.