

**RIDGEWOOD VETERINARY HOSPITAL
LASER TREATMENT REFERRAL FORM**

Date_____

REFERRING VETERINARIAN

Name_____Hospital_____

Address_____City_____State___Zip_____

Telephone_____Fax_____Email_____

REGULAR VETERINARIAN Check if same as referring

Name_____Hospital_____

Address_____City_____State___Zip_____

Telephone_____Fax_____Email_____

CLIENT

Name_____

Address_____City_____State___Zip_____

Home Telephone_____Cell Phone_____Email_____

PATIENT

Name_____Breed_____

Date of Birth_____Color_____

Sex: Male Female Neutered Weight_____

REASON FOR REFERRAL: _____

LIST ALL MEDICATIONS ADMINISTERED IN PAST 6MONTHS: (with time frame and dosage schedule)_____

DIAGNOSTICS (Please provide copies of all diagnostic tests)

Complete Blood Count (CBC) Blood Chemistries

Cystoscopy Report/ Pictures Chest X-Rays (3 views)

Ultrasound Report and Photos V-BTA Test

Urinalysis C/S

Biopsy Report

How was your biopsy obtained? (I.e. surgery, cystoscope, needle Rx)_____

SYMPTOMS

Blood in Urine	Leaking Urine	Pain	Increased H ₂ O Intake
Straining to Urinate	Increased Volume of Urine	Limping	No Symptoms
Urinating Indoors	Increased Frequency of Urinating	Loss of Appetite	

HISTORY

1. Are you aware of any litter mates with same condition? _____
2. Has your dog had chronic exposure to organophosphate insecticides or Benzene containing compounds, i.e. lawn chemicals, fleas dips (do not include topicals such as Frontline, Revolution, Advantage) _____
3. Describe the area in which your pet has spent the greatest amount of time:
Rural Suburban Urban
High Industrial Low Industrial
4. Have there been any environmental contamination issues in your area? If so, describe _____

