

S.A.V.E.S.

REFERRING VETERINARIAN PREFERENCES

Name:

Hospital:

Mailing Address:

Telephone Numbers (please include area code)

	Routine Contact	Emergency only
Office:	[]	[]
Office FAX:	[]	[]
** Office back line:	[]	[]
** Cellular or mobile:	[]	[]
** Pager:	[]	[]
** Home:	[]	[]
** Home FAX:	[]	[]
** Message:	[]	[]

These numbers will **never be released without your permission

Antech lab number: _____(we will request copies of lab results be sent to you directly)

PLEASE CONTACT ME REGARDING MY REFERRED PATIENTS:

[] after the patient has been evaluated and a diagnostic or treatment plan has been initiated:

[] during regular business hours (Monday-Friday, 8am-6pm)

[] at any time

[] daily with progress updates

[] any time a patient's status changes

[] after all diagnostics and treatment have been completed and the patient is discharged

For any referrals or emergencies that arrive UNSCHEDULED or AFTER REGULAR BUSINESS HOURS I would like to be contacted:

[] the following business day (Monday-Friday, 8am-6pm)

[] at the earliest possible opportunity

I would like to receive the following report(s) for my records:

[] telephone call

[] brief summary by FAX

[] brief summary by mail

[] comprehensive summary by mail

For follow up care, I prefer the following to be performed at:

	my clinic	SAVES
Suture removal	[]	[]
Bandage care	[]	[]
Progress exams	[]	[]
Radiographs	[]	[]
Laboratory Tests	[]	[]
Medical therapy	[]	[]

Comments:

Signature: _____ **Date:** _____
(Changes to the above preferences will be made at your request.)