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Laparoscopy/Endoscopy Referral Form

Date:	Or	Hospital	Name:	
CLIENT INFORMATION Name:	Date:	Phone Number:		Fax Number:
Name:	Email:			
Address:	CLIENT INFORMATION			
PATIENT INFORMATION Name:Species:Breed:D.O.B: Sex: M F	Name:			
PATIENT INFORMATION Name: Species: Breed: D.O.B: Sex: M F	Address:	City:	Pro	ov: Postal Code:
Name:Species:Breed:D.O.B: Sex:	Contact Number:	Email:		
Sex: M F Neutered/Spayed: Yes No Colour: Weight: Waccine Status: Underlying Condition: Underlying Condition: HISTORY Service Requested: Laparoscopy Endoscopy Tentative Diagnosis: 1. 2. 3. Required Documentation: • Pre-anesthetic bloodwork (Chem 15/CBC/Lytes) • Most recent SOAP • Appropriate modical history. • Please note that we have started performing bloodwork morning of surgery for many of our procedures. Bloodwork ahead of time at the regular clinic will be reviewed by the	PATIENT INFORMATIO	N		
Vaccine Status: Underlying Condition:	Name:	Species:	_ Breed:	D.O.B:
Service Requested: Laparoscopy Endoscopy Tentative Diagnosis: 1	Sex: M F	Neutered/Spayed: Yes No	Colour:	Weight:
Service Requested: Laparoscopy Endoscopy Tentative Diagnosis: 1	/accine Status:	Underly	ing Condition:	
 Pre-anesthetic bloodwork (Chem 15/CBC/Lytes) Most recent SOAP Apprendict medical history Please note that we have started performing bloodwork morning of surgery for many of our procedures. Bloodwork ahead of time at the regular clinic will be reviewed by the	1			
Most recent SOAP morning of surgery for many of our procedures. Bloodwo ahead of time at the regular clinic will be reviewed by the				
and is still recommended to rate out other comorbidities	Most recent SOAP		Please note that we have started performing bloodwork on the morning of surgery for many of our procedures. Bloodwork done ahead of time at the regular clinic will be reviewed by the surgeon and is still recommended to rule out other comorbidities.	
Present Complaint:	resent Complaint:			