

Buffalo Veterinary Group

Physical Rehabilitation - DVM Referral Form



- Please complete the following information.
- Email all medical records and diagnostic results to rehab@buffaloveterinarygroup.com.
- We will contact the owner to schedule a consultation.

Referring Veterinarian:

Hospital Name:

Hospital Address:

Hospital Email:

Hospital Phone:

Client Name:

Client Address:

Client Email:

Client Phone:

Patient Name: _____ **Breed:** _____

DOB: _____ Color: _____ Sex: M F Spayed/Neutered

Weight: _____ Current on Vaccines: Yes No

Master Problems/Preexisting Conditions:

Current Medications:

Tentative Diagnosis/Reason for Referral:

Patient History:

Diagnostics and Date Performed:

Type of Surgery and Date (if applicable):

Expectations for this case:

- Consultation, Diagnostic Testing, Medical Treatment, and Rehabilitation Therapy are approved.
 - Only Consultation, Supplements, and Rehabilitation Therapy are approved. Refer owner back to rDVM for other recommendations.
 - Other (Please specify)
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