

Murdoch University Veterinary Hospital

Emergency Referral



Please fill in this form and fax it to **Murdoch Pet Emergency Centre**, as well as any original laboratory reports and additional history relating to this patient.

Please send all radiographs and ultrasound images with the patient (even if they have no significant findings or are non-diagnostic).

Please call to obtain an estimate of costs and advise us of your referral before the client arrives.

**Please fax completed form to:
(08) 9360 7330**

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|---|
| Clinic name:..... |
| Name of referring practitioner:..... |
| |
| Phone number (including after hours number):..... |
| |
| Facsimile:..... |

Client name:

Home phone:.....

Mobile:

Patient name:.....

Patient breed:

Patient age:..... Sex:.....

History:

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Presenting problem/provisional diagnosis:

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Physical examination findings:

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