



CYNTHIA S. COOK, DVM, PhD, DACVO
ALBERT J. MUGHANNAM, DVM, DACVO
GWENDOLYN L. LYNCH, DVM, DACVO
CAROL M. SZYMANSKI, DVM, DACVO

WWW.VETERINARYVISION.COM

1235A TARAVAL STREET. ▲ SAN FRANCISCO
210 INDUSTRIAL ROAD, STE#100 ▲ SAN CARLOS, CA 94070
650•551•1115 ▲ 800•427•5367 ▲ FAX 650•551-0100

Referral for Ophthalmology Consultation

Patient Name: _____ Client Name: _____

Referred by Dr.: _____ Hospital Name: _____

HOW URGENTLY DOES THIS CASE NEED TO BE SEEN?

Please check one of the boxes below. Emergencies that threaten vision and/or are acutely painful will always be seen. Checking one of the first two boxes below will assure this. However, *be aware that your client may be assessed an urgent appointment fee in order to squeeze them into an already fully booked schedule.*

| CHECK ONE | CATEGORY | EXAMPLES | DURATION TO APPOINTMENT |
|--------------------------|----------------|--|-------------------------|
| <input type="checkbox"/> | Emergency | Anterior lens luxation, acute glaucoma with potential for vision, proptosis, overt pain or vision loss in one-eyed pet, corneal perforation, corneal laceration from known or obvious trauma, penetrating corneal foreign body | same or next day |
| <input type="checkbox"/> | Urgent | Deep, progressive ulcer, eyelid laceration, chronic glaucoma (blind) with pain, painful entropion, unexplained blindness, uveitis with visible flare, painful orbital disease | within 3 days |
| <input type="checkbox"/> | Time-sensitive | Superficial and/or chronic corneal ulcer, most orbital disease, mild or chronic entropion, acute KCS, rapid onset cataracts with marked inflammation, most chronic glaucoma (blind eyes), posterior lens luxation or subluxation, most neuro-ophthalmic disease (Horner's, facial nerve paralysis), retinal hemorrhage, retinal detachment | within 2 weeks |
| <input type="checkbox"/> | Non-Urgent | Most cataracts, eyelid masses, cherry eye, conjunctivitis, corneal pigmentation, iris cysts, distichia, nasolacrimal disease, congenital defects, gradual iris pigment changes | 3-4 weeks |

Description of problem: including presenting symptoms, duration and progression.

Tentative Diagnosis: _____

Systemic conditions: _____

| Medications used | Date | Response |
|------------------|------|----------|
| | | |
| | | |

| Diagnostic Tests (IOP, STT, BP, fluorescein, other) | Date | Result |
|---|------|--------|
| | | |
| | | |

Please email (office@VeterinaryVision.com) or FAX (650-551-0100) copies of any test results (including blood panels) performed within the past 2 months. **THIS FORM REPLACES THE NEED FOR RECORDS.**