Westford VETERINARY EMERGENCY Referral Center, LLC
westfordveterinary.com
contact@wverc.com
Fax: (978) 577-6463

Emergency
11 Cornerstone Square
Suite 100
Westford, Ma 01886
Phone: (978) 577-6525

Neurology & Physical Rehabilitation
11 Cornerstone Square
Suite 300
Westford, Ma 01886
Phone: (978) 850-4262

Specialty
5 Cornerstone Square
Suite 203
Westford, Ma 01886
Phone: (978) 850-4262

Client Information: First Name_____ Last Name: _____

Phone: (_____)_____ -_____ Email: _____

Patient Information: Name _____ Age: _____

Species: _____Canine _____Feline Breed: _____

Sex: ___F ___SF ___M ___MC Weight: _____lbs.

Referring Veterinarian: Dr._____ Hospital: _____

Primary Veterinarian *(if different)*: _____

Department you wish to refer (please check all that apply)

Emergency/Critical Care - No appointment required

	Internal Medicine
	Surgery
	Neurology
	Physical Rehabilitation

Diagnostics or Procedures Requested (please check all that apply):

	Ultrasound		Radiology		Scoping
	Abdominal		Computerized Tomography (CT)		Bronchoscopy
	U/S Guided FNA or Biopsy		Digital Radiology		Rhinoscopy
	Non Cardiac Thoracic		Fluoroscopy		Cystoscopy
	Cervical		Out-Patient CT scan		Upper GI Endoscopy
			Colonic Stricture Ballooning		Lower GI Endoscopy
			Esophageal Stricture Ballooning		Arthroscopy
			Magnetic Resonance Imaging (MRI)		
Other_____					

Working Diagnosis/Concerns: _____

_____

Please list any recent diagnostics performed: _____

_____

Please list current medications or treatments: _____

_____

Please forward all pertinent information **including** results of laboratory tests and imaging via fax or email to allow our staff to offer the highest quality patient care and client service. Upon receipt of this referral form and medical records we will contact your client to schedule an appointment. We are here to help, please call Christine, our Referral Coordinator with any questions.

Thank you for choosing WVERC! We appreciate your trust in us!