

Oncology Consultation Request Form (veterinarians only)

Please be aware consults may have a 24 hour turnaround time

Consults submitted after 3pm will be returned the following day

Clinic Information

Clinic: _____ Veterinarian: _____

Fax: _____ Phone: _____ Email: _____

Fax Date: _____ # of Pages: _____

Patient Information

Owner (name): _____ Animal (name): _____

Species: Dog Cat Color: _____ Sex: M M/N F F/S

Breed: _____ Weight: _____ Age/DOB: _____

Clinical Information

Diagnosis (attach biopsy and/or cytology reports): _____

Pertinent Cancer History – please include tumor location, size, and duration (dates):

Is there a measurable gross tumor still present: NO YES

Please check below any diagnostic tests already performed and attach the results

- CBC Chemistry Profile Urinalysis
 Cytology Biopsy Bone Marrow Aspirates
 Regional Lymph Node Sampling

Other blood tests (list): _____

Thoracic Radiograph (date): _____ CT Scan/Ultrasound (date): _____

Current drug therapy:

Other pertinent medical history:

Questions you would like addressed:

(please be aware questions about scheduling will be addressed by the referral coordinator)