

CONSULTATION FORM

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CONSULTATION FORM (rev. September 2016)

1. Please fill out and submit this form with pertinent test results and reports
• by fax **855-Oncovet (662-6838)** • by email to info@vetspecialistconsultants.com
2. I will report back to you by the end of our next consulting day (Monday through Friday 8am- 6 pm EST, by your preferred method (phone, fax, or email).

Date: _____ Requesting clinician(s): _____

Phone: _____ Fax: _____ E-mail _____

Number of pages in fax: _____

Patient Information:

Patient Name: _____ Owner: _____

Species: Canine Feline Breed _____

Sex: female female spayed male male neutered

Age _____ Breed _____ Weight _____ kg

First Consult Follow-up consultations for ongoing case management

Priority: Routine Emergency

Medical Information:

Pertinent Medical or Cancer History: _____

Past Medical History: _____

CBC Serum Chem U/A (Report)

Biopsy Cytology (Report)

Regional lymph node evaluation (please attach results) Yes (Biopsy or Aspirate) No

Current drug therapy and/or response to previous medications: _____

Diagnostic imaging:

CT/MRI US

Radiographs:

Thoracic
 Abdominal
 Other: _____

Summary of imaging findings: _____

Diagnosis: _____

