

UNZAVET REFERRAL FORM

File # :

If you are referring a complicated medical / surgical case that requires specialized services we would appreciate it greatly if you called ahead and speak directly with one of our doctors. Cell Phone: 0976333208 Email: unzavetclinic@unza.zm

Date:.....

Vet/Para-vet:.....

Referring Vet/ Para-vet:.....

VCZ ID:.....

Phone:.....

Email:.....

Preferred means of communication Telephone

Email

PATIENT / CLIENT INFORMATION

Client Name:.....

Patient Name:.....

Address:.....

Sex:..... Age:.....

Email/ phone:.....

Color:.....

Porcine. Ovine Wildlife

Canine. Feline. Bovine. Equine. Caprine. Others.....

CASE HISTORY / INFORMATION

Presenting problem / History:.....

Physical Findings:.....

Preliminary / Tentative DX:.....

Laboratory / imaging Results or Findings:.....

Treatment / clinical requests:.....

REFERRAL TYPE (Tick what is Applicable)

Cardiology Emergency / Critical Neurology Dentistry. Oncology.

Ophthalmology. Dermatology Surgery Internal Medicine

Physiotherapy CT -Scan Reproduction Ultrasound

X- Ray Views (X- ray)