



# REFERRAL FOR CONSULTATION

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## PATIENT & CLIENT INFORMATION

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
Signalment: \_\_\_\_\_ Owner Contact: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_ DVM Name: \_\_\_\_\_  
Preferred Contact Info: \_\_\_\_\_

## URGENCY

Please check time sensitivity and circle presenting complaint

**EMERGENCY**       **URGENT**       **TIME-SENSITIVE**       **NON-URGENT**

Anterior lens luxation  
Acute glaucoma  
Traumatic proptosis  
Corneal perforation  
Corneal laceration  
Descemetocoele  
Foreign body  
Vision loss one-eyed pet  
Other: \_\_\_\_\_

Deep, progressive ulcer  
Eyelid laceration  
Painful glaucoma  
Painful entropion  
Sudden vision decline  
Uveitis w/ visible flare  
Acute orbital disease  
Other: \_\_\_\_\_

Superficial ulcer  
Most orbital disease  
Mild entropion  
Acute KCS  
Diabetic cataracts  
Chronic glaucoma  
Posterior lens luxation  
Neuro-ophthalmic dz  
Retinal detachment  
Unexplained painful eye  
Intraocular tumor  
Other: \_\_\_\_\_

Most cataracts  
Eyelid masses  
Cherry eye  
Conjunctivitis  
Corneal pigmentation  
Iris cysts  
Distichiasis  
Epiphora  
Congenital defects  
Iris pigment changes  
Other: \_\_\_\_\_

Presenting Concerns: \_\_\_\_\_

Relevant History (Including Test Results & Response to Treatment): \_\_\_\_\_

Please email any relevant test results performed within the past 2 months including blood panels and eye photos).

*Thank You!*