



CHESAPEAKE VETERINARY REFERRAL CENTER

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ADVANCED IMAGING • CARDIOLOGY • DENTISTRY • EMERGENCY • INTERNAL MEDICINE
NEUROLOGY • ONCOLOGY • OPHTHALMOLOGY • SURGERY

CRITICAL CARE

TOM KOZEK, DVM
AAVEC Chief of Staff

TANYA TAG, DVM
Pet + E.R. Medical Director
Diplomate American College
Veterinary Emergency Critical Care

CARDIOLOGY

STEVEN L. ROSENTHAL, DVM
Diplomate American College of
Veterinary Internal Medicine-Cardiology

BONNIE K. LEBOM, DVM
Diplomate American College of
Veterinary Internal Medicine-Cardiology

WILLIAM D. TYRRELL, JR., DVM
Diplomate American College of
Veterinary Internal Medicine-Cardiology

KRISTIN A. JACOB, DVM
Diplomate American College of
Veterinary Internal Medicine-Cardiology

MICHAEL HICKEY, DVM
Diplomate American College of
Veterinary Internal Medicine-Cardiology

RICHARD COBER, DVM
Diplomate American College of
Veterinary Internal Medicine-Cardiology

DENTISTRY/ORAL SURGERY

IRA R. LUSKIN, DVM
Diplomate American
Veterinary Dental College

MARY KRAKOWSKI VOLKER, DVM
Diplomate American
Veterinary Dental College

INTERNAL MEDICINE

MARK E. HITT, DVM, MS
Diplomate American College of
Veterinary Internal Medicine

JOHN P. PAOLA, DVM
Diplomate American College of
Veterinary Internal Medicine

DANIEL J. PETRUS, DVM
Diplomate American College of
Veterinary Internal Medicine

NIVIA I. MARTINEZ, DVM, MS
Diplomate American College of
Veterinary Internal Medicine

DEBRA A. KLASER, DVM
Diplomate American College of
Veterinary Internal Medicine

ADAM GONZALES, DVM
Diplomate American College of
Veterinary Internal Medicine

FRÉDÉRIC JACOB, DVM, PhD
Diplomate American College of
Veterinary Internal Medicine

MARIAH FRANK, DVM
Veterinary Internal Medicine

ONCOLOGY

JANET L. PETERSON, DVM
Diplomate American College of
Veterinary Internal Medicine-Oncology

ANTHONY CALO, DVM
Practice Limited to Medical Oncology

MICHELLE SILVER, DVM
Diplomate American College of
Veterinary Internal Medicine

NEUROLOGY/ NEUROSURGERY

JOHN MCDONNELL, DVM, MS
Diplomate American College of
Veterinary Internal Medicine-Neurology

OPHTHALMOLOGY

JENNIFER A. HYMAN, MA, VMD
Diplomate American College of
Veterinary Ophthalmologists

SURGERY

JOSEPH M. PROSTREDNY, DVM, MS
Diplomate American College of
Veterinary Surgeons

KRISTA L. EVANS, DVM
Diplomate American College of
Veterinary Surgeons

F. ROBERT WEEREN, DVM, MS
Diplomate American College of
Veterinary Surgeons

DAREN M. ROA, DVM
Diplomate American College of
Veterinary Surgeons

ANNE C. MINIHAN, DVM
Diplomate American College of
Veterinary Surgeons

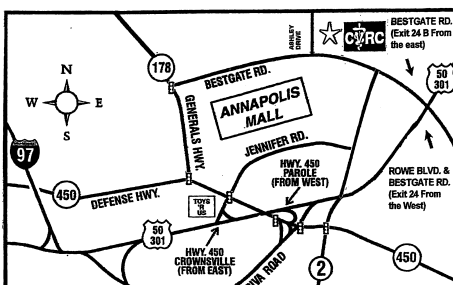
MATTHEW M. KEATS, DVM
Diplomate American College of
Veterinary Surgeons

BRENDAN B. ANDERS, DVM
Diplomate American College of
Veterinary Surgeons

RICHARD C. F. BURGESS, DVM&S
Diplomate American College of
Veterinary Surgeons

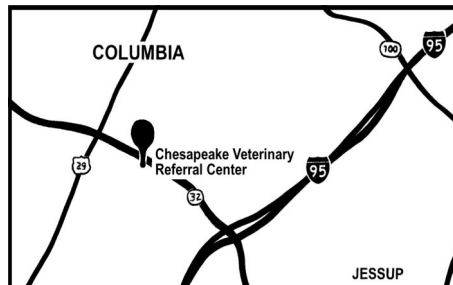
ANNAPOLIS

808 Bestgate Road • Annapolis, MD 21401
Tel: 410-224-0121 • Fax: 410-224-3988



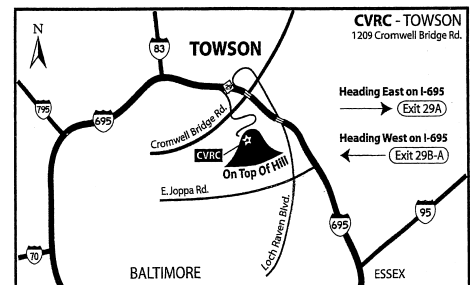
COLUMBIA

10000 Old Columbia Road • Columbia, MD 21046
Tel: 410-441-3304 • Fax: 410-423-2288



TOWSON

1209 Cromwell Bridge Road • Towson, MD 21286
Tel: 410-828-0911 • Fax: 410-828-1074



PATIENT REFERRAL

PATIENT REFERRED TO DR./SERVICE _____ ANNAPOLIS COLUMBIA TOWSON

OWNER: NAME _____ PHONE _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PATIENT: NAME: _____ SEX _____ AGE _____

SPECIES _____ BREED _____ COLOR _____

MEDICAL HISTORY:

VACCINATIONS:

TYPE _____ DATE _____ TYPE _____ DATE _____

TYPE _____ DATE _____ TYPE _____ DATE _____

SURGERY (Tumors, Neuters, etc.) _____

PRESENTED TO OUR HOSPITAL ON (DATE) _____

SYMPTOM OR PROBLEM _____

DURATION OF CONDITION _____

HAS CONDITION OCCURRED BEFORE? _____ WHEN? _____

ANY OTHER ANIMALS AFFECTED? _____

TENTATIVE DIAGNOSIS: _____

LAB RESULTS (DATES): _____

TREATMENT SCHEDULE (DATES): _____

PRESENT CONDITION: _____

REMARKS OR REQUESTS: _____

Dear referral client: Your doctor is referring you to CVRC for further investigation into your pet's problem. In order to avoid duplication of work and expense, please bring radiographs and a copy of any diagnostic tests which may have been performed. Since you will return to your own veterinarian after the resolution of this problem, we will send your doctor a letter detailing the events of your pet's visit so that your records may be kept up-to-date at your own hospital.

_____, D.V.M.

ADDRESS _____

Please send _____ additional referral forms.

PHONE _____