Internal Medicine Request Form RDVM Information **Patient Information** Hospital Name _____ Owner Name _____ Referring Patient Name _____ Veterinarian ___ Age _____ Weight ____ Email Spayed/Neutered?

Y

N F: (858) 634-5435 **Patient History Current Medications Patient Referral Option** ☐Fast-Track* *If this is a Fast-Track referral, one of your staff members should authorize by signing below: □ Direct **Internal Medicine Service Requested** Mobile Endoscopy: Consultation: ☐ Upper – Gastroduodenoscopy ☐ Outpatient Medicine Consultation (only for Direct) \square Lower – Colonoscopy ☐ Virtual Internal Medicine Consultation (through Vetology) ☐ Dual – Gastroduodenoscopy and Colonoscopy CT/Rhinoscopy Package: **Outpatient Endoscopy:** ☐ VICSD CT Rhinoscopy Package ☐ Upper – Gastroduodenoscopy ☐ Lower – Colonoscopy **Bone Marrow Aspirate (Add-On)** ☐ Dual – Gastroduodenoscopy and Colonoscopy

Foreign Body Removal:

(In-House Only)

☐ Outpatient Endoscopic Foreign Body Removal

☐ Mobile Bone Marrow Aspirate☐ Outpatient Bone Marrow Aspirate

☐ Other Service (describe):_____