豐盈動物腫瘤中心 HVOC HARVEST VETERINARY ONCOLOGY CENTRE

豐盈動物專科及急症醫院 HVSEH HARVEST VETERINARY SPECIALTY & EMERGENCY HOSPITAL

Please send to referral@hvoc.com.hk

Referral Date:_____

Veterinary Referral Form

Owner Information

Owner Name _____

Owner Tel. _____

Client Number _____

Patient Information

Patient Name _____

Date of Birth/Age _____

Sex ☐ M ☐ F Neutered ☐ Y ☐ N

Breed _____

Species ☐ Canine ☐ Feline ☐ Others

Referring Veterinarian (rDVM)

Veterinarian Name _____

Veterinary Clinic _____

Clinic Phone _____

Fax _____

E-mail _____

Address _____

_____

_____

Referral Service

☐ Cardiology ☐ Dentistry ☐ Medical Oncology ☐ Pain Management ☐ Radiation Oncology ☐ Surgery
☐ 24 hours Critical Care ☐ Others:
Special Arrangements Necessary, Others (please specify):

Reason for Request *Please tell us why you are seeking this consultation.*

History of Present Illness *Please include clinical signs, and their onset, duration or progression, and severity.*

Summary of Clinical Findings *Please include date(s) and pertinent results. Please also send lab reports and imaging.*

Current Treatments *Please include any current or previous treatments associated with this illness and response.*

Specific Questions, Comments or Concerns, and Special Arrangements Details.

Remarks: Indicate pertinent records submitted for review. Please send to referral@hvoc.com.hk

Case Summary
☐ Yes
☐ No

Pertinent Medical History
☐ Medical Notes ☐ Histology Report
☐ Lab Results ☐ Cytology Report

Imaging (with interpretation)
☐ Radiographs ☐ CT Scan Report
☐ Ultrasound ☐ MRI Scan Report

Others:

Harvest Veterinary Oncology Centre Limited
Shop 1, G/F, Magnet Place, Tower 2, 38-42 Kwai Fung Crescent, Kwai Chung, H.K.
Tel: (852) 34263500 Fax: (852) 34210028

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