

Oncology Referral Form

Date: _____

The goal of an oncology consultation is to discuss treatment options and prognosis for a specific type of cancer. In order to provide the best medical care for our patients and their families, a diagnosis of cancer, completed referral form (by a DVM or LVT familiar with the case), and receipt of all medical records/documentation are required prior to scheduling.

Patient Information (please assist us by printing):

Patient's Name: _____

Species: _____ Breed: _____ Age: _____

Color: _____ Sex: _____ Weight: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Primary Care Veterinarian: _____

Hospital Name: _____

Phone: _____ Fax: _____

Name of person completing this form: _____

Referral Checklist (please verify each bullet point and attach appropriate documentation):

The primary reason for referral is related to a recent diagnosis of cancer. Please select one of the following:

- Official, finalized pathology report (cytology, histopathology, PARR, flow cytometry, etc).
All in-house cytology samples must be submitted for interpretation by a pathologist prior to oncology referral. **Diagnosis:** _____
- Urinary bladder mass **and** detection of mutated cells on urine Cadet BRAF analysis, suggestive of urothelial carcinoma.
- Aggressive, monostotic lesion affecting the metaphyseal region of the appendicular skeleton (e.g. proximal humerus, distal radius, distal femur, proximal tibia) in a large or giant dog, suggestive of osteosarcoma.

This patient is current on core vaccines:

- Rabies Date (required by law): _____
- DHLPP Date: _____
- FDV Date: _____

- This patient has had a negative heartworm test within the past 12 months. Date: _____
- This patient is otherwise stable. *Please call if this is an urgent referral.*
- This patient is *not* currently receiving Apoquel.
- This patient is *not* currently eating a raw or grain-free diet.

Please select if any of the following additional diagnostics have been done within the last 6 months and forward all results/records:

- CBC/chemistry Urinalysis FeLV/FIV test Chest x-rays Abdominal ultrasound
- 3D imaging (CT or MRI) Other: _____

Please list all medications this patient is currently receiving (drug name, dose, frequency):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does this patient have other significant medical problems that are *not* well-controlled?
Examples: hyperthyroidism, diabetes mellitus, heart failure, etc. Yes No

Is this patient currently under the care of another oncologist or specialist? Yes No

Please provide any additional information that may be helpful in facilitating the referral of this patient: _____

Thank you for your referral to Virginia Veterinary Specialists.