ONCOLOGY REFERRAL FORM

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Ithaca, NY 14850

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Fax **607 257-7009**

www.colonialvet.com

Surgery
J. Thomas Ross, DVM
Diplomate, American College
Of Veterinary Surgeons

Radiology
Alain Giroux, DVM, MSc,
Diplomate, American College
Of Veterinary Radiologists

Cardiology
Anna R. Gelzer, DVM, MS,
Diplomate, American College
Of Veterinary Internal Medicine
(Cardiology)

Oncology
Ken Rassnick, DVM,
Diplomate, American College
Of Veterinary Internal Medicine
(Oncology)

Internal Medicine
Michael Koch, VMD
Diplomate, American College
Of Veterinary Internal Medicine

Acupuncture
Heather Murley, DVM

General Practice
Catherine Hegarty-Ross, DVM
Ellen Tremante, DVM
Jenneka McCarty, VMD
Ashleigh Newman, VMD

DOCTOR: _____ **DATE:** _____

HOSPITAL: _____

ADDRESS: _____

PHONE: _____

Client Name: _____ **Phone #** _____

Patient Name: _____ **Weight:** _____

Species: _____ **Sex:** _____ **Breed:** _____ **Age:** _____

History: _____

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PLEASE ATTACH A COPY OF ANY LABORATORY OR DIAGNOSTIC IMAGING RESULTS

January 2012