



11140 SW 68th Pkwy, Tigard, OR 97223
503-684-1800
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Internal Medicine Referral Form

Veterinarian Information

Referring Veterinarian: _____

Referring Clinic: _____

Referring Clinic Phone: _____

Referring Clinic E-mail: _____

Date of form submission: _____

Client Information

Name(s): _____

Phone Number(s): _____

E-mail(s): _____

Patient Information

Name: _____

Species: ☐ Dog ☐ Cat

Date of Birth / Age: _____

Sex: ☐ M ☐ MN ☐ F ☐ FS

Breed: _____

Sedation

We find that most patients benefit from PVPs. Please facilitate a prescription for your patient prior to their appointment, unless medically contraindicated. Thank you!

- Cats: Gabapentin 100mg, night before and morning of appointment
- Dogs: Gabapentin +/- Trazodone, night before and morning of appointment

Referral Information

****Please list or summarize pertinent details; please note, incomplete information may result in service delays for your patient.***

Pertinent Medical History

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Completed Diagnostic Tests and Pertinent Results

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Current Medications and Supplements

Medication / Suppl.	Concentration	Instructions

Current Diet

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Medical Records

Please submit all previous medical records, including all chart notes, diagnostic test results (original copies), and images, either by uploading here or emailing to specialty@cascadevrc.com.