# Therapeutic Laser Treatment Referral Form

| Veterinary Information | | | |
|---|---|---|---|
| Referring Veterinarian | | | |
| Practice Name | | | |
| Address | | | |
| City | | Province | |
| Postal Code | | | |
| Telephone | | | |
| Fax | | | |
| Email | | | |

| Owner Information | | | |
|---|---|---|---|
| Client Name | | | |
| Address | | | |
| City | | Province | |
| Postal Code | | | |
| | | | |
| Phone Number | | | |
| Cell Number | | | |
| Email | | | |

| Patient Information | | | | | |
|---|---|---|---|---|---|
| Patient Name | | | | | |
| DOB | | | | | |
| Breed | | | | Species | |
| Sex | | Altered? | O Yes O No | Weight (kg) | |

Diagnosis & Duration:

Any history of Cancer/Tumors:

Pertinent Medical History:

Areas to be treated:

| | | |
|---|---|---|
| O Cervical Spine | O Thoracic Spine | O Lumbar Spine |
| O Hip (Left/Right) | O Stifle (Left/Right) | O Hock, metatarsals (Left/Right) |
| O Shoulder (Left/Right) | O Elbow (Left/Right) | O Carpus, metacarpals (Left/Right) |
| O Otitis (Left/Right) | O Skin (dermatitis) | O Acral Lick Granuloma |
| O Anal Sacculitis | O Inflammatory Bowel Disease | O Pancreatitis |
| O Other: | | |

Patient should be seen:

| | | |
|---|---|---|
| O within 24 hours | O 24-72 hours | O clients convenience |

Medical Records returned to referring veterinary practice:

| | |
|---|---|
| O Email | O Fax |

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