



5886 Tutt Blvd | Colorado Springs, CO 80923
Phone (719) 473-0482 | Fax (719) 434-9502

Neurology / Neurosurgery

REQUEST FOR PATIENT RECORDS

TO: {REFHOSPITALNAME}
Fax: {REFHOSPITALFAX}
Phone: {REFHOSPITALPHONENUMBER}
Request Submitted: {CURRENTDATE[SHORT]}

Patient: {NAME}, {BREED}, {AGE}, {SEX}
Client: {FULLNAME}, {PHONENUMBER}

****Please send records ASAP or on the same date as this request is received.****

Powers Pet Emergency & Specialty is requesting the following information regarding the above mentioned patient:

- Doctor's notes and pertinent patient history
- Lab tests and results, completed and pending
 All labs included Pending: _____ None
- Imaging (Radiographs, Ultrasounds, CT, MRI)
 Hard copy or disc with client E-Mail to neurology@powerspetemergency.com None

Special Requests / Comments: _____

Email: Neurology@powerspetemergency.com (preferred)
Fax: (719) 434-9502

Thank you for getting records to us quickly to ensure the best possible care for the patient.
Please let us know if you have any questions.
(719) 473-0482



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Neurology / Neurosurgery Services at Powers Pet Emergency

Referral Form

**** PLEASE COMPLETE THIS FORM AND RETURN VIA FAX 719-434-9502 OR EMAIL
neurology@powerspetemergency.com****

| |
|---|
| Referring Veterinarian |
| Referring DVM: _____ |
| Hospital Name: _____ |
| Street Address: _____ |
| City: _____ State: _____ Zip: _____ |
| Phone: _____ Fax: _____ |
| E-Mail: _____ |
| Preferred Method of Contact: Phone / Fax / E-Mail |

| |
|------------------------------------|
| Patient Information |
| Owner's Name: _____ |
| Pet's Name: _____ |
| Species: _____ Breed: _____ |
| Age: _____ Sex: M / NM / F / SF |
| Diagnosis: _____ |
| Previous Medical Conditions: _____ |
| _____ |

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|-----------------------------|
| Reason For Referral: |
| _____ |
| _____ |
| _____ |

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|-------------------------------|
| Brief Medical History: |
| _____ |
| _____ |
| _____ |

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|--|
| Latest Treatments / Medications Administered: |
| _____ |
| _____ |
| _____ |

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|------------------|
| Comments: |
| _____ |
| _____ |
| _____ |

****PLEASE SEND ALL PERTINENT X-RAYS, LAB WORK, AND MEDICAL RECORDS TO
719-434-9502 -or- neurology@powerspetemergency.com****