



Veterinary

SPECIALTY GROUP

PATIENT REFERRAL FORM

☐ Surgery

• Courtney Watkins, DVM, DACVS

☐ Dermatology

• Kain Masutani, DVM

☐ Ophthalmology

• Nicole Roybal, DVM, DACVO

☐ Rehabilitation

• John Kaya, DVM, CCRT

• Ashley Nakaoka, DVM, CCRT

RECORDS INCLUDED ARE (*select all that apply*):

☐ Medical History w/ DVM Notes

☐ Lab Results

☐ Radiographs

☐ Radiology Report

Date: _____

Referring Clinic: _____ Referring Doctor: _____

Phone _____ Email _____

Client Name _____ Email _____

Primary Phone _____ Secondary Phone _____

Address _____

Patient Name _____ Species & Breed _____

Color/Description _____ Sex _____ Spayed/ Neutered _____

Date of Birth _____ Weight _____

Reason for Referral _____

Past Pertinent History _____

Current Treatment(s) & Medication(s) _____

Additional Notes or Comments _____

Please fill out this form and email with any applicable records to:
CONTACT@VSGHAWAII.COM

All updates will be sent via email.

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