



## 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.

820 W Hind Drive #1221

Honolulu, HI 96821

Ph: (808) 272 - 7000