Prymak Referrals Limited

Please Complete and Fax To 01276 62419 or Email to surgery.vet@btinternet.com

THIS REFERRAL IS: URGENT ☐ NON-URGENT ☐

Referral For: Oncology ☐ Soft Tissue ☐ Ultrasound ☐ Radiology ☐

Referring Veterinary Surgeon Details:

Referring Veterinary Surgeon: .....

Practice Name: .....

Practice Address: .....

..... Postcode: .....

Telephone: ..... Fax: .....

Email: ..... Report via email: Yes ☐ No ☐

Client Details:

Title: Mr ☐ Mrs ☐ Ms ☐ Other ..... Initials/Forename: .....

Surname: .....

Address:.....

..... Postcode: .....

Telephone:

Home: ..... Mobile: .....

Email: .....

Case Details:

Animal's Name: ..... Male ☐ Female ☐ Entire ☐ Neutered ☐ D.O.B./Age: .....

Species: ..... Breed: ..... Weight: .....

Insured: Yes ☐ No ☐ Insurance Company: .....

Brief clinical history:

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PLEASE ATTACH RELEVANT CLINICAL HISTORY AND LAB REPORTS