



Ophthalmic Referral Summary

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- ◆ **For:** Client: Mr/Mrs/Ms/Dr.....
 Patient Name:.....Species/Breed.....
 Sex..... Age.....wks/mths/yrs Weight.....kg
- ◆ **From:** Dr.....Clinic.....Date.....

Referring vets please fill out the history details below and/or attach a copy of the patient's medical record. Send with the owner or email / fax to VOR.

- ◆ **Duration of Problem:**.....days/wks/mths

◆ **Nature of Problem:**

Eye(s) affected right left both

- Discharge..... static/progressive/intermittent
- Discomfort..... static/progressive/intermittent
- Redness..... static/progressive/intermittent
- Cloudiness..... static/progressive/intermittent
- Vision loss..... static/progressive/intermittent
- Conjunctiva..... static/progressive/intermittent
- Cornea static/progressive/intermittent
- Uveitis..... static/progressive/intermittent
- Glaucoma..... static/progressive/intermittent
- Cataract static/progressive/intermittent
- Retina..... static/progressive/intermittent
- Other..... static/progressive/intermittent

- ◆ **Previous/current ophthalmic medications**.....

- ◆ **Relevant non-ophthalmic problem(s)**.....

Veterinary Ophthalmic Referrals

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