

DERMATOLOGY SERVICE

ANGELL ANIMAL MEDICAL CENTER

TODAY'S DATE: _____

REFERRING VETERINARIAN INFORMATION

Veterinarian's Name: _____ Clinic: _____

Address: _____

Phone: _____ Fax: _____

Email (if you would like this to be a method for contacting you): _____

CLIENT INFORMATION

Name: _____ Phone(s): _____

Address: _____

PATIENT INFORMATION

Pet's Name: _____ Breed: _____ Sex: _____

Date of Birth: _____ Weight: _____

Reason for Referral: _____

Summary of Dermatologic History:

Current Medications: _____

Other Medical or Surgical Problems: _____

In case a diet change is required, which Dermatologic prescription diets does your clinic carry?

Please fax the medical history and lab work for your patient at least 24 hours prior to your patient's appointment with the Angell Dermatology Service. *A visit summary will be faxed to your clinic within 24-48 hours of your patient's appointment.*

If this is a referral of chronic pruritus for Intradermal Allergy Testing, please discontinue antihistamines for 2 weeks and oral glucocorticoids for 4 weeks prior to the appointment. A full listing of recommended drug withdrawal times prior to intradermal allergy testing can be found at www.angell.org/dermatology.

If this is a referral of chronic ear disease to the Angell Ear Clinic, topical or systemic glucocorticoid administration prior to the appointment may help minimize otic swelling during otoscopic exam. We ask that no ear medications or cleaners be used during the 24 hours prior to an Ear Clinic appointment.

Dermatology Referral Line: 617 524-5733
Dermatology Fax Line: 617 989-1613
dermatology@angell.org
www.angell.org/dermatology



Kindness and Care for Animals®