

# Animal Eye Clinic

5800 Interstate 20 West Suite 120  
Arlington, TX 76017

Phone: 817-483-8762  
Fax: 817-478-3692  
referral@texaseyevet.com

5750 W. Vickery Blvd Suite 124  
Fort Worth, TX 76107

Phone: 817-735-1123  
Fax: 817-735-1131  
www.TexasEyeVet.com.

## Ophthalmology Referral Form

Attention Referring Veterinarian:

To better serve you and your client's needs, we ask that you complete this form when referring patients. Once completed, please fax or email this referral form. If you have any questions or concerns, please feel free to contact our office.

**\*Please note: Animal Eye Clinic has 2 locations! Please refer your clients to our nearest location!**

Sincerely,  
Dr. Michael Paulsen, Dr. Stephanie Bell, and Dr. Angela Griggs

### Client Information

### Referring Veterinarian Information

|                 |                 |
|-----------------|-----------------|
| Owner's Name:   | Hospital Name:  |
| Home Phone:     | Referring DVM:  |
| Work Phone:     | Hospital Phone: |
| Cellular Phone: | Hospital Fax:   |

### Patient Information

### Patient History

|   |  |
|---|--|
| Name:   | Breed:   |
| Age:  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed |
| Weight:   | Recent Labwork: (within 6 months) <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Health Concerns: (Diabetes Mellitus, Heart Murmur, Seizures etc.) | Diagnostic Tests Performed: (Tonometry, Fluorescein Stain, Schirmer Tear Test etc)   |
| Brief History/Symptoms:   | Current Medications:   |

Status of Appointment:  Emergency  This week  Routine

**& Please have your client call our office to set up Appointment**

