

Arizona Animal Wellness Center

Advanced Surgical Referral Consult

| Clinic/Hospital | | | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Address | · · · · · · · · · · · · · · · · · · · | | |
| Phone | Text | Fax | |
| Email | | | |
| Referring DVM | | | |
| Preferred contactEmail | Phone/Cell | TextOther | |
| Patient | Owner Name _ | | |
| Phone | Email | | |
| Address | | | |
| Secondary Contact | | Phone | |
| Date of Referral | | | |
| Reason for Referral | | | |
| | | | |
| | | | |
| ☐ Medical Records | Emailed to AAWC | Pending Request Owner to bring | |
| consultation are free of charge consultation will include a full m | f seen by their primary edical examination, ass medical treatment. If tra | tals to Dr. David Colton for an initial surgical veterinarian for initial consultation. Dr. Colto sessment of injury / concern, and options for additional medical treatment is needed, the pay recommendations for therapy. | |
| surgeries. Depending on the su recommended aftercare, provid | rgery performed, a cert e a full Home-Exercise | Iditional charge with the majority of Orthoped tified therapist will go over Dr Colton's Program (HEP), and estimates for extended WC or at the referring facility, if available. | |
| | | Therapy Rehabilitation UWTM tions at AAWC's facility, as recommended | |
| originating concern is completed | d, patients will be referr d faith and the patient's | be noted as such in our system. Once care or red back to their primary hospital for all other sowners shall be made aware of this arrange | care |

