

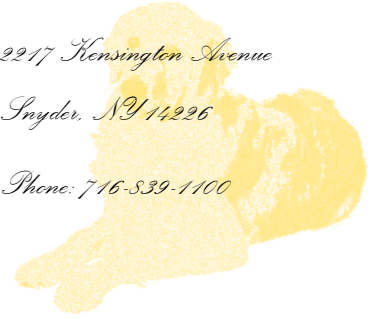
ANIMAL PAIN MANAGEMENT CENTER

LOCATED AT
AMHERST SMALL ANIMAL HOSPITAL

2217 Kensington Avenue

Snyder, NY 14226

Phone: 716-839-1100



Practice Referral Form

Referring Doctor: _____

Referring practice: _____

Patient name: _____ Canine - Feline

Pet disposition: relaxed and friendly 1 – 2 – 3 – 4 – 5 aggressive or difficult

Working diagnosis: _____

Most recent radiographs were taken: _____

Please send all radiographs by mail ASAP if time permits; with owner if necessary

Has CT or MR imaging been performed? YES—NO Date: _____

List most recent blood work: _____

Please fax copies to 716-839-1740

Most recent urinalysis: _____

Please fax copy to 716-839-1740

Current medications, doses, and intervals: _____

Relevant past medications, doses, and intervals: _____

List any adverse medication events: _____

List your goals for this patient: _____

