

We have moved!
 5800 Interstate 20 W Suite 120
 Arlington, TX 76017
 Phone: 817-483-8762
 Fax: 817-478-3692

Please visit our website for more information and to download forms.

www.TexasEyeVet.com.

Equine 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.

Sincerely,
 Dr. Michael Paulsen, and the Staff of Animal Eye Clinic

<i>Client Information</i>		<i>Referring Veterinarian Information</i>	
Owner's Name:		Hospital Name:	
Home Phone:		Referring DVM:	
Work Phone:		Hospital Phone:	
Cellular Phone:		Hospital Fax:	

<i>Patient Information</i>		<i>Patient History</i>	
Name:		Duration of Problem:	
<input type="checkbox"/> Quarter Horse <input type="checkbox"/> Paint <input type="checkbox"/> Appaloosa <input type="checkbox"/> Arabian <input type="checkbox"/> Other: _____		Brief History/Symptoms	
<input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion <input type="checkbox"/> Foal			
Age:		Diagnostic Tests Performed: (Tonometry, Fluorescein Stain, Schirmer Tear Test etc)	
Health Concerns:		Current Medications:	

Status of Appointment: Emergency This week Routine

& Please have client call our office to set up Appointment

