

SOUTHERN COUNTIES VETERINARY SPECIALISTS

Form R1

APPOINTMENT REQUEST FORM

DATE OF SUBMISSION:

PLEASE COMPLETE AND FAX OR EMAIL TO US AND WE WILL ARRANGE THE APPOINTMENT DIRECTLY WITH THE OWNER

FAX: 01425 480849 EMAIL: ADMIN@SCVETSPECIALISTS.CO.UK

PRACTICE DETAILS	OWNER & PATIENT DETAILS
VETERINARY SURGEON	FIRST NAME OR INITIAL
PRACTICE	Surname
Address	Owner address
	POSTCODE
POSTCODE	TELEPHONE
TEL	Mobile
FAX	PET NAME
EMAIL	Species □ canine BreedAgeSex: mn me fn fe
FINANCIAL DETAILS	☐ FELINE COLOUR
INSURED	NON URGENT APPOINTMENT □
INS COMPANY	URGENT (WITHIN 5 WORKING DAYS) □
INS CONFANT	EMERGENCY APPOINTMENT (SAME DAY*) ☐ PLEASE CALL US ON
TOTAL AMOUNT BEING CLAIMED BY YOUR PRACTICE	01425 485615 *ADDITIONAL EMERGENCY CHARGES WILL APPLY
£ (REQUIRED FOR DIRECT CLAIMS AS THIS HELPS US	
DISCUSS FINANCES WITH YOUR CLIENT)	DISCIPLINE/S TO WHICH YOU ARE REFERRING: INFECTIOUS Y/N
Uninsured	☐ ORTHOPAEDIC SURGERY ☐ CARDIOLOGY
DEFACE MOTE FULL DAVIAGENT WILL BE DECUMPED ON DISCUADOS OF	□ SOFT TISSUE SURGERY □ DERMATOLOGY
(PLEASE NOTE FULL PAYMENT WILL BE REQUIRED ON DISCHARGE OF	
THE PATIENT)	□ NEUROLOGY/NEUROSURGERY □ PAIN CLINIC
BRIEF SUMMARY OF PROBLEM/REASON FOR REFERRAL (<u>PLEASE ALWAYS PROVIDE THE FULL CLINICAL HISTORY, LAB RESULTS & ANY IMAGING RELEVANT TO THE REFERRAL)</u>	
<u>PLEASE NOTE:</u> AFTER DISCUSSION WITH THE CLIENT WE WILL ADOPT A MULTIDISCIPLINARY APPROACH IF INDICATED, TO ACHIEVE THE BEST OUTCOME FOR THE PATIENT. IF YOU DO NOT WANT US TO DO THIS, PLEASE LET US KNOW. FOR SURGICAL CASES, WE WILL USUALLY GO AHEAD WITH SURGERY HERE. IF YOU DO NOT WANT US TO DO THIS, PLEASE LET US KNOW.	
WHAT DIAGNOSTICS HAVE PREVIOUSLY BEEN PERFORMED? (PLEASE INCLUDE RESULTS/IMAGES) (DICOM IMAGES CAN BE SENT VIA OUR FTP SERVER — PLEASE CONTACT US FOR THE LINK)	
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☐ BLOOD TESTS ☐ MRI	□OTHER
ULTRASOUND CT	
☐ X-RAYS ☐ ECG	

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