

# Animal Eye Care Patient Referral Form

## Animal Eye Care

1612 Washington Blvd.  
Fremont, CA 94539  
510-623-0444 phone  
510-657-6855 fax

## Contra Costa Animal Eye Care

2100 Monument Blvd. Suite 7  
Pleasant Hill, CA 94523  
925-827-2257 phone  
925-827-0675 fax

Our Ophthalmologists:

- ***Deborah S. Friedman, DVM, Diplomate, ACVO***
- ***Duane Flemming, DVM, JD, Diplomate, ACVO***
- ***Patricia J. Smith, MS, DVM, PhD, Diplomate, ACVO***
- ***Susan Jacobi, Dr. Med Vet, MS, DVM, Diplomate, ACVO***

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Referring Doctor Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Referring Doctors:

- Please summarize the ophthalmic concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please provide a history of the case. Include duration of problem(s), signs observed, recent or appropriate laboratory results, and any surgical or medical treatment prescribed. List all ophthalmic and systemic medications which are being used or have been used in the recent past.
- A referral letter and/or telephone call will be made to you on the day of the appointment.

### New Clients:

- Please arrive 15 minutes prior to your appointment time.
- Bring all eye drops and ointments, pill, capsules and other medications that your pet uses or has used in the past.
- Directions to the clinics and more information can be found at our website: [www.animaleyecare.com](http://www.animaleyecare.com) .