



ACCES Animal Specialty Centers  
206-364-1660

ACCES Seattle: 11536 Lake City Way NE Seattle, WA 98125 Fax: 206-364-3667  
ACCES Renton: 4208 Lind Ave SW Renton, WA 98057 Fax: 425-251-1652

www.criticalcarevets.com

**ACCES Referral Request Form**

**\*\*\*Please use this form as the cover sheet when faxing records.\*\*\***

Number of Pages including cover \_\_\_\_\_

**Please fax records to:**

Seattle  Renton

**Please select a department:**

- Internal Medicine Department – Dr Deena Sadek, DVM DACVIM
- Surgery Department – Dr Tamara Walker, DVM, MS, DACVS
- Surgery Department – Dr Jennifer Weh, DVM

- Internal Medicine Department – Dr. Alan Schreiner, DVM DACVIM
- Diagnostic Imaging – Dr. Todd Smithenson, DVM DACVR
- Saturday Ultrasound – Dr. Todd Smithenson, DVM, DACVR

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

Referring Veterinarian(s) \_\_\_\_\_

Referring Hospital \_\_\_\_\_

Hospital Phone Number \_\_\_\_\_ Hospital FAX number \_\_\_\_\_

Owner Name \_\_\_\_\_ Patient Name \_\_\_\_\_

Patient Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**Medical Information: Please complete/answer all lines**

Chief Complaint \_\_\_\_\_

Pertinent Medical History \_\_\_\_\_

Differential Diagnosis or Problem list \_\_\_\_\_

Recent diagnostics relevant to current problem (check all that apply)

- CBC  Chem Panel  Urinalysis  Radiographs: Chest / Abdomen / Other
- Echo  Ultrasound: Chest / Abdomen / Other  Other test: \_\_\_\_\_

Significant Diagnostic abnormalities: \_\_\_\_\_

Treatment(s) Instituted: \_\_\_\_\_

Comments: \_\_\_\_\_

**Please FAX the following information as soon as possible:**

- Chart notes dating back at least 6 months, or longer if the pet has had any related or other significant medical problems.
- Any lab work (CBC, urinalysis, fecal, chem. panel, other) including previous blood work for comparison.
- Any biopsy and/or cytology
- Any surgery reports
- All previous diagnostic imaging interpretation reports including radiographs, ultrasound, CT, MRI reports
- All referral reports if the patient has been seen by another specialist

**\*\*If radiographs were taken please send them to us as soon as possible. Please check the method of delivery that applies:**

- Phoenix courier  Mail  Client  Other \_\_\_\_\_

If the radiographs are at another facility, please indicate where: \_\_\_\_\_

Would you like to be interrupted to speak with the doctor?  Yes  No

**For Saturday ultrasounds please indicate where you can be reached or the name of another doctor we can speak with.**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_