

UTCVM DERMATOLOGY SERVICE

Dermatology Consultation Form (NOT FOR REFERRAL)

EMAIL: utcvmdermatology@utk.edu

Please attach/upload/email medical history, pictures, bloodwork, cytology results and/or biopsy results with this completed form

DATE SENT: _____ # OF PAGES SENT: _____

Veterinarian: _____ Clinic Name: _____

Fax: _____ Phone: _____ Email: _____

Owner(name): _____ Animal (name): _____

Species: Dog Cat Color: _____ Sex: M M/C F F/S Weight: _____

Breed: _____ Age/DOB: _____ Rabies Vacc. Date: _____

Primary Concern and Pertinent Medical History _____

Age of Onset: _____

Current & Previous Medications		
Medication	Dose	Duration

Continued on next page

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Specific questions you would like addressed _____

Does this patient have results in the UTCVM Referring Vet Portal? Yes No

This information is privileged medical advice and should not be shared directly with the client. It is solely for UTCVM Dermatology service to review and provide possible treatment options of the above-named animal (patient) based on the information provided. A reply is sent to the veterinarian of record within 3 days from receipt of the form. This form does not constitute a Veterinarian/Client/Patient relationship with the UTCVM Veterinary Medical Center. We are unable to communicate with the client without an official in-office consult. Supervision of said animal remains the responsibility of the treating clinician. Above are general recommendations based on the information provided and pertain to the above-named pet only. These treatment recommendations and cost estimates are subject to change.

This form should not be used to request a sooner appointment for your patient.