

UTCVM ONCOLOGY SERVICE

Oncology Consultation Form (NOT FOR REFERRAL)

EMAIL: utoncology@utk.edu

Contact our referral coordinators at (865) 974-3939 or utvetref@utk.edu if you need initial staging estimates only.

DATE SENT: _____

***Please Note:** Incomplete consults will not be accepted.

NOT FOR EMERGENCY USE

Consults should be sent in 1 email.

We are unable to offer radiographic or cytologic interpretation via email.

Veterinarian: _____ Clinic Name: _____

Phone: _____ Email: _____

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

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

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

Diagnosis (attach biopsy and/or cytology reports, including those at UT): _____

Pertinent Cancer History, please include tumor location, size, duration (dates):

Is gross tumor still present? YES NO (Pictures of tumor or affected areas may be submitted with consult form.)

Please check below any diagnostic tests already performed and attach results:

(Please do not send entire medical record)

- CBC
- Cytology: _____
- UA
- Bone Marrow Aspirate
- Thoracic Radiograph (date): _____
- Chemistry Profile
- Other Blood Tests (list): _____
- Biopsy Attach report (including those performed at UT)
- Regional Lymph Node Evaluation
- CT Scan/Ultrasound (date): _____

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Current drug therapy: _____

Other pertinent medical history: _____

Questions you would like addressed: _____

This information is privileged medical advice and should not be shared directly with the client. It is solely for UTCVM Oncology 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.