

UTCVM ORTHOPEDIC SERVICE

**Consultation Request Form** (NOT FOR REFERRAL)

EMAIL: [utvetortho@utk.edu](mailto:utvetortho@utk.edu)

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: \_\_\_\_\_

**Diagnosis** (attach radiographs or other printed information): \_\_\_\_\_

**Request:**

- Orthopedic Surgery Consultation  Orthopedic Medical Management Consultation

Please check below any diagnostic tests already performed and attach results and indication pertinent abnormalities:  
(Please *do not* fax entire medical record)

- CBC  Chemistry Profile  Cytology: \_\_\_\_\_  
 UA  Radiographs (date): \_\_\_\_\_  
 CT Scan/Ultrasound (date): \_\_\_\_\_

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Current medications *(including any supplements)*:

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Other pertinent medical history *(eg. hypothyroid, Cushings syndrome, etc.)*:

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Questions you would like addressed:

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

*In an effort to make sure consultations are completed in a timely manner, please email radiographs and any pertinent test results to [utvetortho@utk.edu](mailto:utvetortho@utk.edu) with this completed form. This form isn't a substitute for a referral form.*