



ONCOLOGY SERVICE *Consultation Request Form*

Veterinarians Only

DIRECT FAX NUMBER: 334/844-6365

DATE FAXED: _____

Number of pages faxed: _____

Veterinarian: _____

Clinic Name: _____

Clinic mailing address: _____

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: _____

This is a consult for ongoing case management (had a previous consult/appointment): __ Yes

Case number (if seen previously at the Bailey SATH at AU) _____

Diagnosis (*attach biopsy and/or cytology reports*): _____

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

Is there a measurable gross tumor still present? __ Yes __ No

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

(Please do not fax entire medical record)

__ CBC

__ Chemistry Profile

__ UA

__ Cytology: _____

__ Other blood tests (list): _____

__ Biopsy

__ Bone Marrow Aspirate

__ Regional Lymph Node Evaluation

__ Thoracic Radiograph (date): _____

__ CT/Ultrasound (date): _____

__ Other imaging (date): _____

(To upload images go to www.vetmed.auburn.edu > Teaching Hospital > Services > Radiology > Radiology Referral Form. Follow the directions on the form. **SKIP OVER** the first set of check boxes on the right asking for a radiology referral and scroll down to the second set of check boxes on the right. **SELECT ONLY** the box for oncology consult. If you wish to mail in CD's or images, use the same address listed on the site but address the images to **ATTN: ONCOLOGY**)

Current drug therapy: (This should include all medications including supplements/vitamins)

Other pertinent medical history:

Questions you would like addressed: (What is the goal of your consult? Curative intent, palliative intent, estimate only, referral, etc.)

This fax contains confidential medical information and is solely for the Auburn University Veterinary Teaching Hospital Oncology Service to review and provide possible treatment options for the above named animal (patient) based on the information provided. A reply is sent to the veterinarian of record within 24 hours from the receipt of the fax and by Monday of the following week if fax received after noon on Friday. This fax does not constitute a Veterinarian/Client/Patient relationship with the Auburn University Veterinary Teaching Hospital.

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