8560 N Canton Center Rd. Canton, MI 48187

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Joyce E. Obradovich, DVM Diplomate, ACVIM (Oncology) **Medical Oncology** Christine Warzee, DVM ACVS Founding Fellow, **Surgical Oncology**

Date:			
Referring Veterinarian:			
Hospital name:			
Address:			
Phone #:	Fax #:	E-Mail:	
Client Name:			
Address:		Pho	ne #:
Patient Name:	Species:	_ Age: Sex:	Breed:
Service patient needs to consult with: (Check one)			
☐ Medical C	<u></u>	<u> </u>	
	<i>o,</i> _ <i>o</i>	ncology	
Reason for Referral:			
Tentative Diagnosis:			
Medical problem list:			
1 2		3	4
Patient History:			
Diagnostics performed:			
Bloodwork Yes No	Date	Cytology Yes	No Date
Urinalysis Yes No	Date	Ultrasound Yes	No Date
Radiographs Yes No	Date	Histopathology Yes	No Date
Current Medications:			
If the scheduled consultation doesn't meet the patient's needs, please mark the box below as an emergent			
case that needs to be reviewed.			

☐ EMERGENCY CASE