



*An Association of Individual  
Veterinary Specialty Practices*

1501-A Belcher Road S., Suite 1A  
Largo, Florida 33771-4505

**Dentistry/Ophthalmology/Surgery:**

(727) 535-3500

**Dermatology/Internal Medicine/Neurology:**

(727) 535-3600

**Emergency:**

(727) 531-5752

**Fax:**

(727) 539-7865

Services

**DENTISTRY**

Diagnosis and Management of Dental Disorders

**DERMATOLOGY**

Diagnosis and Management of Skin and Ear Disorders  
Allergy Testing  
Biopsy Procedures

**INTERNAL MEDICINE**

Diagnosis and Treatment of Medical Disorders  
Echocardiography/Electrocardiography  
Endoscopy - Gastrointestinal/Nasal/Upper Respiratory  
Laparoscopy  
Oncologic Diagnosis/Chemotherapy  
Radiography and Contrast Studies  
Ultrasonography

**NEUROLOGY**

Diagnosis and Management of Neurological Disorders  
Neurosurgery and Myelography for disc disease  
Electrodiagnostics (electromyography, nerve conduction)  
Magnetic Resonance Imaging (MRI)  
Cerebral Spinal Fluid Analysis and culture  
Brainstem Auditory Evoked Response (BAER) hearing test  
Nerve and Muscle Biopsy

**OPHTHALMOLOGY**

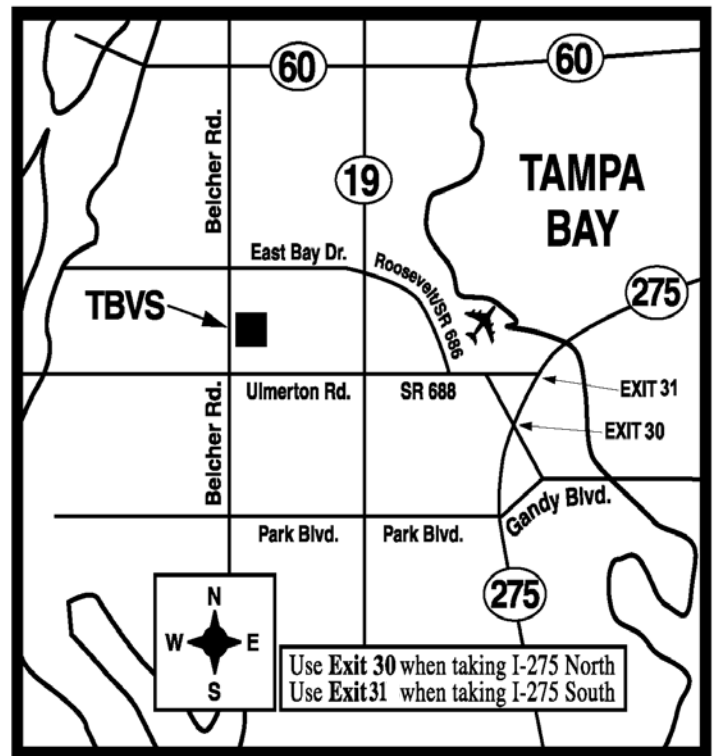
Diagnosis and Management of Ophthalmic Disorders  
Ophthalmic Surgery, including phacoemulsification  
Ophthalmic Ultrasonography  
Electroretinography

**SURGERY**

Orthopedic Surgical Disorders  
Neurologic Disorders  
Soft Tissue Surgical Disorders

**EMERGENCY**

After Hour, Weekend and Holiday Emergency & Critical Care



Staff

**TAMPA BAY VETERINARY DENTISTRY**

R. Michael Peak, D.V.M.  
*Diplomate, A.V.D.C.*

**TAMPA BAY VETERINARY DERMATOLOGY, PA**

Suzanne M. Cayatte, D.V.M.  
*Diplomate, A.C.V.D.*

**TAMPA BAY VETERINARY INTERNAL MEDICINE, PA**

Gary P. Oswald, D.V.M., M.S.  
*Diplomate, A.C.V.I.M.*

Kelli Weaver, V.M.D.  
*Diplomate, A.C.V.I.M.*

**TAMPA BAY VETERINARY NEUROLOGY, PA**

Gillian Irving, D.V.M.  
*Diplomate, A.C.V.I.M. (Neurology)*

**VETERINARY SPECIALTIES, INC. (OPHTHALMOLOGY)**

Thomas R. Miller, D.V.M., M.S.  
*Diplomate, A.C.V.O.*

**TAMPA BAY VETERINARY SURGERY, INC.**

Matt G. Oakes, D.V.M.                      Douglas P. Bruns, D.V. M.  
*Diplomate, A.C.V.S.*                              *Diplomate A.C.V.S.*

Kimberly R. Cox D.V.M.                      John Kirsch, D.V. M.  
*Diplomate, A.C.V.S.*                              *Diplomate, A.C.V.S.*

**TAMPA BAY VETERINARY EMERGENCY SERVICE, INC.**

Kathleen M. Meyer, D.V.M.  
Denise D. Ginex, D.V.M.  
Amy Engle, D.V. M.

# PATIENT REFERRAL

**PATIENT REFERRED TO:** \_\_\_\_\_

**REFERRING VETERINARIAN:**

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**OWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**PATIENT:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**MEDICAL HISTORY:**

Vaccinations:

Type: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_ Date: \_\_\_\_\_

Type: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Medical/Surgery History: \_\_\_\_\_

Current Symptoms or Problems: \_\_\_\_\_

Duration of Condition: \_\_\_\_\_

Has the Condition Occurred Before?: \_\_\_\_\_ When?: \_\_\_\_\_

**TENTATIVE DIAGNOSIS:** \_\_\_\_\_

**LABORATORY RESULTS (INCLUDE DATES):** \_\_\_\_\_

**PREVIOUS TREATMENTS (INCLUDE MEDICATIONS AND DATES):** \_\_\_\_\_

**OTHER PERTINENT INFORMATION:** \_\_\_\_\_

**REMARKS OR REQUESTS:** \_\_\_\_\_

**Dear Referral Clinic:** Your veterinarian is referring you to Tampa Bay Veterinarian Specialists, Inc. for further investigation into your pet's problem. In order to avoid duplication of work and expense please bring radiographs and a copy of diagnostic tests which have been performed. Since you will return to your veterinarian after the resolution of this problem, we will send your veterinarian a letter detailing the events of your pet's visit, so that your records may be kept up to date at your family veterinary hospital.