



OPHTHALMOLOGY REFERRAL FORM

Doctor _____ Hospital _____ Phone _____

Owner _____ Pet _____ Phone _____

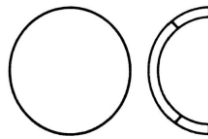
Species _____ Breed _____ Age _____ Sex: M F MC FS

Pertinent clinical history:

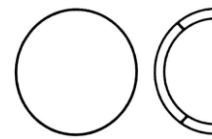
Current medications:

Ophthalmic examination findings:

Cornea /Anterior Chamber/Iris

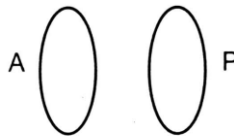


O.D.

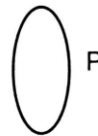


O.S.

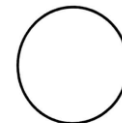
Lens



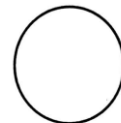
O.D.



O.S.

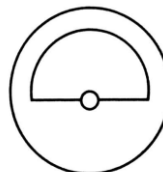


O.D.

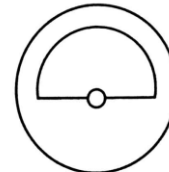


O.S.

Fundus



O.D.



O.S.

Tentative Diagnosis: