

# WEAR EMERGENCIES & OOH PATIENT TRANSFER



WEAR REFERRALS

## TRANSFER OF PATIENTS FOR HOSPITALISATION (NON-REFERRAL)

### PRACTICE DETAILS

NAME: ..... TEL: .....

BRANCH: ..... FAX: .....

ADDRESS: ..... EMAIL: .....

OWNER IS AWARE THAT THE TRANSFER IS FOR STABILISATION AND BASIC HOSPITALISATION ONLY YES / NO

HAVE OUT OF HOURS COSTS BEEN DISCUSSED WITH OWNER YES / NO

ESTIMATED TIME OF ARRIVAL .....

**OWNERS DETAILS** TITLE: ..... FORENAME: ..... SURNAME: .....

ADDRESS: ..... TELEPHONE: .....

..... MOBTEL: .....

**ANIMAL DETAILS** NAME: ..... SPECIES: ..... BREED: .....

AGE: ..... SEX: .....

INSURED: YES / NO INSURANCE COMPANY: .....

**GENERAL PATIENT HISTORY** .....

**CLINICAL SYMPTOMS & FINDINGS**

**CURRENT MEDICATION & TIMES**

**PLEASE EMAIL OR FAX THIS INFORMATION**

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