

Case transfer form

Clinique vétérinaire d'ophtalmologie



Referring veterinarian

Dr. _____ Phone.: _____

Clinic : _____

Email: _____

Animal

Name : _____

Breed : _____ Age : _____

Pet owner

Name: _____ Phone: _____

Address : _____

**Diagnosis
Hypotheses**

- _____
- _____
- _____

**Tests /
Procedures
performed**

Schirmer tear test : Right Left

Intraocular pressure: Right Left

Fluorescein : Right Left

Other(s) : _____

**On-going
Treatment**

- _____
- _____
- _____
- _____

Comments

