

VET-TO-VET CONSULT SUBMISSION FORM



True North Veterinary Eye Care

Please fill out form and send to hello@truenorthveteye.com.

****PLEASE NOTE THAT PREPAYMENT IS REQUIRED****

Clinic Information

Name:

Phone:

Address:

E-mail:

Doctor:

Date:

Patient Information

Owners

Name:

Patients

Name:

Species/

Breed:

Sex:

Age

(DOB):

Spayed/

Neutered:

All submissions will receive a detailed email report from Dr. Hsu with her recommendations within 1-2 business days. The report and invoice for payment will be emailed to the primary care clinic provided.

*****With your submission, please complete for each eye, a Schirmer tear test, intraocular pressures, and fluorescein stain unless contradicted. Please also send pictures of the eye(s) with the abnormality in question in focus.*****

Ophthalmic Medical History

******What is this pet's ophthalmic medical history? Please list eye(s) affected, tentative diagnosis, procedures/surgeries, etc.******

Consultation Type and Payment:

Please select your consultation type (PAYMENT REQUIRED AT TIME OF SUBMISSION):

- ☐ New Patient Vet-to-Vet Consultation: 161.91, plus tax
- ☐ Recheck Patient Vet-to-Vet Consultation: 114.29, plus tax

THANK YOU FOR YOUR VET-TO-VET CONSULT SUBMISSION!

You can pay via credit card over the phone (431-932-8783) or via e-transfer to our email address, hello@truenorthveteye.com. Payment is required at time of submission. We will not proceed with the submission until the payment is received.