

UTCVM ONCOLOGY SERVICE

Oncology Consultation Form (NOT FOR REFERRAL)

DIRECT FAX/EMAIL: (865) 974-5213

EMAIL (preferred): utoncology@utk.edu

DATE SENT: _____ # OF PAGES SENT: _____

Veterinarian: _____ Clinic Name: _____

Fax: _____ Phone: _____ Email: _____

Owner(name): _____ Animal (name): _____

Species: Dog Cat Color: _____ Sex: M M/C F F/S Weight: _____

Breed: _____ Age/DOB: _____ Rabies Vacc. Date: _____

Diagnosis (attach biopsy and/or cytology reports): _____

Request: Medical Oncology Consult Radiation Oncology Consult Undetermined

Pertinent Cancer History, please include tumor location, size, duration (dates):

Is there a measurable gross tumor still present? YES NO

Please check below any diagnostic tests already performed and attach the results:

(Please do not fax entire medical record)

 CBC Chemistry Profile Cytology: _____ Other Blood Tests (list): _____ UA Biopsy (attach report) Bone Marrow Aspirate Regional Lymph Node Evaluation Thoracic Radiograph (date): _____ CT Scan/Ultrasound (date): _____

Current drug therapy:

Other pertinent medical history:

Questions you would like addressed:

This fax contains confidential medical information and is solely for UTCVM Oncology Services to review and provide possible treatment options of the above named animal (patient) based on the information provided. A reply is sent to the veterinarian of record within 48 hours from receipt of the fax. This fax does not constitute a Veterinarian/Client/Patient relationship with the UTCVM Veterinary Medical Center.