



# MEDVET

## MEDICAL CENTER FOR PETS

[www.MedVetOhio.com](http://www.MedVetOhio.com)

### COLUMBUS

300 E. Wilson Bridge Road • Worthington, Ohio 43085  
(614) 846-5800 • FAX (614) 846-5803  
1-800-891-9010

**Veterinarian Referral Line:** (614) 431-4400

#### ANESTHESIOLOGY

**DIANE WILSON DVM MS MRCVS**  
*American College Veterinary Anesthesiology*

#### CARDIOLOGY

- Echocardiography
- Holter/Event Monitors
- Pacemaker Implantation

**LINDA B. LEHMKUHL DVM MS**  
*American College Veterinary Internal Medicine  
Cardiology*

**THAIBINH NGUYENBA DVM**  
*American College Veterinary Internal Medicine  
Cardiology*

#### CRITICAL CARE

- Intensive Care Management
- Ventilation Care

**ANNA PESILLO-CROSBY VMD**  
*Diplomate American College of Veterinary  
Emergency and Critical Care*

#### DERMATOLOGY

- Intradermal Allergy Testing
- Mail-in Dermahistopathology
- Diagnosis and Management of Ear Disorders

**JOHN G. GORDON DVM**  
*American College Veterinary Dermatology*

**ABBY FOUST DVM**  
*American College Veterinary Dermatology*

#### EMERGENCY MEDICINE

*Practices Limited to Emergency Medicine*

**CARRIE CROUSE DVM**  
**DONYA DUNLEVY DVM**  
**NANCY HERRICK DVM**  
**BRIAN JEFFERSON DVM**  
**WARREN MAURER DVM**  
**GWEN MYERS DVM**  
**RYAN QUIGLEY DVM**  
**JAY RYAN DVM**  
**JESSE WATSON DVM**  
**DARCEY WOLFE DVM**

#### INTERNAL MEDICINE

- Peg Tube/Total Parenteral Nutrition
- Endoscopy/Cystoscopy
- Rhinoscopy/Bronchoscopy
- Ultrasonography

**ROBERT J. STARKEY DVM**  
*American College Veterinary Internal Medicine*

**CORY BROWN DVM**  
*American College Veterinary Internal Medicine*

**MARNIN FORMAN DVM**  
*American College Veterinary Internal Medicine*

**ROGER A. HOSTUTLER DVM MS**  
*American College Veterinary Internal Medicine*

**AIMEE KRIEGER DVM**  
*Resident Internal Medicine*

#### MEDICAL ONCOLOGY

- Chemotherapy
- Tumor Biopsy
- Tumor Staging

**LISA M. FULTON DVM**  
*American College Veterinary Internal Medicine  
Oncology*

#### NEUROLOGY

- Epilepsy Clinic
- Neurologic Second Opinions

**WILLIAM R. FENNER DVM**  
*American College Veterinary Internal Medicine  
Neurology*

#### OPHTHALMOLOGY

- Diagnosis and treatment of ocular and periocular diseases
- Cataract surgery and lens replacement
- Endoscopic glaucoma surgery
- Reconstructive Ocular Surgery
- Breeding CERF exams
- Retinal detachment treatment and surgery

**DINELI BRAS DVM MS**  
*American College Veterinary Ophthalmologists*

**TERAH ROBBIN WEBB DVM**  
*American College Veterinary Ophthalmologists*

**MILTON WYMAN DVM MS (retired)**  
*American College Veterinary Ophthalmologists*

#### RADIOLOGY

- Radioactive Iodine for Hyperthyroidism
- Mail-in Radiographic Consultation
- Ultrasonography
- Computed Tomography (CT)

**JONATHAN T. SHIROMA DVM MS**  
*American College of Veterinary Radiology*

### DAYTON

2714 Springboro West • Dayton, Ohio 45439  
*(Dermatology Only)*  
(937) 293-2714 • FAX (937) 293-2787  
1-800-289-1165

#### RADIATION ONCOLOGY

- Radiation Therapy
- Radiation Treatment Planning
- CT/MRI Tumor Imaging

**DEBORAH M. PRESCOTT DVM PHD**  
*American College of Veterinary Radiology  
in Radiation Oncology*

#### REHABILITATION

**MATTHEW BARNHART DVM MS**  
*American College Veterinary Surgeons*

#### SURGERY

- General Surgery
- Neurosurgery
- Orthopedic Surgery

**WILLIAM DEHOFF DVM MS (retired)**  
*American College Veterinary Surgeons*

**ERIC R. SCHERTEL DVM PHD**  
*American College Veterinary Surgeons*

**MATTHEW BARNHART DVM MS**  
*American College Veterinary Surgeons*

**SHAWN KENNEDY DVM**  
*American College Veterinary Surgeons*

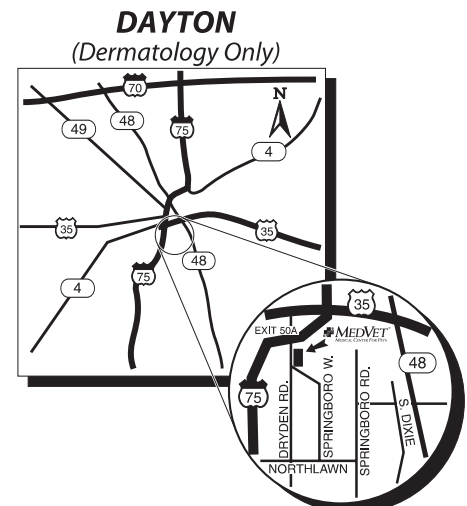
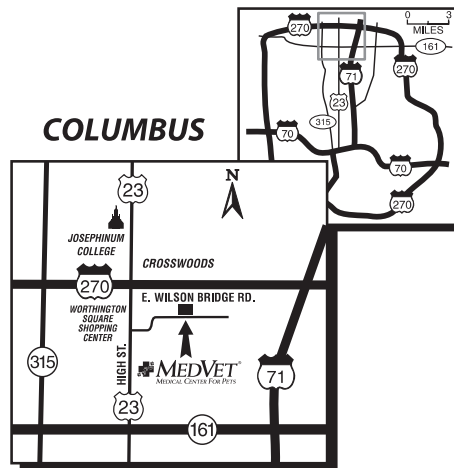
**JENNY LANG DVM**  
*Practice Limited to Surgery*

**CARLOS ARAGON DVM**  
*Resident Surgery*

**KEVIN BENJAMINO DVM**  
*Resident Surgery*

**KARL MARITATO DVM**  
*Resident Surgery*

**SARAH BISGARD DVM**  
*Resident Surgery*



# Patient Referral Information

www.MedVetOhio.com

Date \_\_\_\_\_

**Patient Referred To:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cardiology    | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Radiology          |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Medical Oncology  | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Dermatology   | <input type="checkbox"/> Neurology         | <input type="checkbox"/> Rehabilitation     |
| <input type="checkbox"/> Emergency     | <input type="checkbox"/> Ophthalmology     | <input type="checkbox"/> Surgery            |

**Emergency Room Release Preferences:**

- Call me at \_\_\_\_\_  AM  PM  
at (     ) \_\_\_\_\_ for review
- Call my office tomorrow for standard follow-up
- Refer to MedVet if necessary
- Send client and patient to my office

Referring Veterinarian: \_\_\_\_\_ Clinic/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Evening Telephone: (     ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Preference for initial communication:  TELEPHONE  FAX  EMAIL

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Canine  Feline  Other Breed: \_\_\_\_\_ Sex:  M  MN  F  FS Age: \_\_\_\_\_

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**Presenting Complaint:**

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**History:**

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**Physical Examination Findings:**

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**Pertinent Laboratory Results:**

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**Treatment Schedule:**

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**Differential Diagnosis/Reason for Referral:**

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**Radiology Only:**  Send Request Forms  Payment Enclosed  Bill Me