



VETERINARY SURGICAL SOLUTIONS



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Surgery Teleconsultation Form

*****Please email completed form & any diagnostics to: info@pvssaz.com*****

| | | | |
|---------------|--|---------------------------|--|
| Owner Name: | | Pet Name: | |
| Phone: | | Age: | |
| Email: | | Sex: | |
| Address: | | Neutered/Spayed: | |
| City: | | Breed: | |
| State: | | Weight (note lbs or kgs): | |
| Zip: | | Blood Work Completed: | |
| Veterinarian: | | Radiographs Completed: | |
| Hospital: | | | |

TELECONSULT REQUIREMENTS

The goal of the teleconsultation is to supplement the primary care veterinarian's exam. We will discuss any remaining questions the owner may have, as well as further review the surgery recommended by the primary care veterinarian. Teleconsultations are not intended to replace a physical examination/consult.

Below are the **requirements** needed prior to securing a consult. Please email all requirements to Dr. Savicky **3 days prior** to the consult to avoid rescheduling:

- A diagnosis **MUST** be made by the primary care veterinarian.
- **Fully completed** Surgical Teleconsultation Form (this form).
- Any diagnostics (x-rays and blood work).

Diagnosis:

Brief History:

Current Medications, Frequency, & Dosing:
