Endoscopy Referral Form

Sylvan Veterinary Hospital

2135 Plank Road, Duncansville, PA 16635
814-935-8638 | info@sylvanvet.biz | sylvanvet.biz

Referring Veterinary Practice Information

Practice Name
Contact Person/Referring DVM
Phone
Email
Date of Submission

Patient and Owner Information

Pet's Name
Species/Breed
Age/DOB
Owner's Name
Owner's Phone
Owner's Email

Requested Service

Please select the requested service:

- ☐ **GI Biopsies via Endoscope**
- ☐ **Foreign Body Retrieval via Endoscope**

Referral Model Selection

Please select your preferred referral model:

Option	Description	Pricing Reference	Selection
Option 1: Standard Referral Model (Imaging Only)	Endoscopy performed; report sent to PVMD. No case management or direct client guidance by Sylvan Veterinary.	GI Biopsies via Endoscope $1,000-$1,500 (size dependent) Foreign Body Retrieval via Endoscope $1,400-$2,000 (size dependent)	☐
Option 2: Managed Case Consultation Model (Enhanced Service)	Records reviewed; diagnostic guidance and recommendations provided. Direct communication with PVMD pre- and post-diagnostic consultation. Please provide your preferred contact method	GI Biopsies via Endoscope $1,102.88-$1,602.88 (size dependent) Foreign Body Retrieval via Endoscope $1,502.88-$2,102.88 (size dependent) **Preferred Contact Method:**	☐
Option 3: Managed Case Transfer Model (Comprehensive Management)	Sylvan Veterinary assumes full diagnostic and clinical management of the case. Direct communication with pet owner. PVMD is kept informed.	GI Biopsies via Endoscope $1,102.88-$1,602.88+ (size dependent) Foreign Body Retrieval via Endoscope $1,502.88-$2,102.88+ (size dependent)	☐

Clinical Information and History

- **Primary Complaint/Reason for Referral:**

- **Relevant Clinical Signs (Duration, Severity):**

- **Onset of Clinical Signs:**

- **Relevant Diagnoses/Differential Diagnoses:**

- **Current Medications:**

- **Are patient records attached?** (Required for interpretation)

Special Instructions/Questions

Please provide any special instructions, scheduling requests, or specific questions for the Sylvan Team:

Level of Urgency

- ☐ Routine (next available appointment)
- ☐ Urgent (within 24-48 hours)
- ☐ Emergency (same day- requires immediate follow up)

Required Submission

Please submit this completed form, along with all relevant patient medical records (including bloodwork, radiographs, etc.) to info@sylvanvet.biz.

We will contact the owner to schedule the appointment once this form and records are received and reviewed.