

Physiotherapy & Rehabilitation Request Form
LeAnn Carson, LVT, CCRP



Date: _____

rDVM Information

Doctor: _____ Hospital/Practice: _____

Address: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

* Billing Method:	AVCG to Bill Pet Owner Direct: <input type="checkbox"/>	AVCG to Bill Referring Hospital Direct: <input type="checkbox"/>
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Client/Patient Information

Client Name: _____ Primary phone: () _____
Last First

Patient name: _____ Date of Birth: ___/___/___ Weight: _____ Sex: M/F Neutered? Yes/No

Species: _____ Breed: _____ Color: _____

Referred for/Diagnosis: _____

**** Please attach/enclose pertinent medical records, laboratory data and radiographs ****

History Including Surgery: (please feel free to send a printed history) _____

Laboratory and Radiographic Data: _____

Special Instructions or Treatment Preferred:

Treatment plans are custom tailored to a patient's needs for optimum recovery, If there is a specific therapy you would like utilized or avoided, please note that below.

- Therapeutic Ultrasound Electrical Stimulation Hydrotherapy Laser Therapy

Advanced Veterinary Care Group is located on the north side of Michigan Avenue just west of Haggerty Road and Exit #22 on I-275 in Canton. (In the same office complex as the Choice Urgent Care building)