



Arizona Canine Orthopedics & Sports Medicine

Referral Form

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Date of Referral: _____

Has the client had any patients seen here before?
(Circle One) Yes No

Client's Name(s): _____

Primary Contact Number: _____

Alternative Contact Number: _____

E-mail: _____

Location & Contact Information

7410 E. Pinnacle Peak Rd., Suite 110
Scottsdale, AZ 85255

Tel: (480) 998-5999

Fax: (480) 998-1177

E: records@arizonacanineorthopedics.com

We are located on the north side of Pinnacle Peak Road between Miller and Scottsdale Roads.

Medical History/ Clinical Findings:

Site (circle one or all that apply):	BILAT	LEFT	RIGHT		
Area of Interest (circle one or all that apply):	FORELIMB	HINDLIMB	PELVIS	OTHER	
Diagnostics Performed (circle one or all that apply):	RADIOGRAPHS	BLOOD WORK	OTHER IMAGING		
Copy of Patients Medical Records and if applicable Radiographs / Bloodwork (circle one):					
	Sent with Owner	E-mailed to ACOSM	Faxed to ACOSM		

Referring Veterinarian

Clinic/Practice Name: _____

Referring Veterinarian: _____

Phone Number: _____

Fax: _____

E-mail: _____

City: _____ **Zip:** _____

Patient's Name: _____

Species (circle one): **Canine** **Feline**

Breed: _____

Date of Birth: _____

Sex (circle one): **M** **MN** **F** **FS**

Color: _____