

**Patient Referral
to Premier Location:**

Grayslake Hospital
1810 E. Belvidere Road
Grayslake, IL 60030
Phone: 847-548-5300
Fax: 847-548-5347

Chicago Hospital
3927 W. Belmont Avenue
Chicago, IL 60618
Phone: 773-516-5800
Fax: 773-283-5232

Crestwood Hospital
13715 S. Cicero Avenue
Crestwood, IL 60445
Phone: 708-388-3771
Fax: 708-388-3795

Patient Referral to Premier Service:

Emergency & Critical Care Surgery Internal Medicine Oncology

Referral Hospital Information:

Hospital Name: _____ Attending DVM: _____

Call with questions? Yes or No Phone Number: _____

Patient & Client Information:

Patient Name: _____ Client Name: _____

Species: _____ Breed: _____ Client Day Phone: _____

Age: _____ Sex: _____ Client Evening Phone: _____

Current Weight: _____ Client Cell Phone: _____

Chief Complaint: _____

History: _____

Physical Exam: _____

Diagnostics Performed at DVM: _____

Treatment Protocol / Last Treatments: _____

Treatment Plan: _____

**If this referral is the result of an emergency
transfer back in the a.m.?** Yes No

Labs pending? Yes No

Radiographs sent with Owner: Yes No

Labs attached or sent with Owner: Yes No

Lab / Accession #: _____

Received by Premier Vet Group : _____

Arrival Date & Time: _____