

# Cardiology Northwest

Dr. Gary Wood, DVM Diplomate ACVIM

10629 SW Barbur Boulevard, Portland, OR 97219

Tel: 503-246-4226

Fax: 503-246-6407

## Consult Fax Form

Please use this form as a cover sheet when faxing records for an upcoming consultation with Dr. Wood. As much of the following information as possible is appreciated. Our fax number is **503-246-6407**. Thank you!

Clinic Name \_\_\_\_\_ Fax # \_\_\_\_\_

rDVM \_\_\_\_\_

Patient Name \_\_\_\_\_

First

Last

Male

Female

Spayed/Neutered

Age \_\_\_\_\_

Dog

Cat

Breed \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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