



Referral for Ophthalmology Consultation

Patient name:

Client name:

Referred by Dr:

Hospital name:

Species: canine feline equine exotic _____

Description of problem, including presenting symptoms, duration and progression:

eye appearance (redness swelling discharge)

eyelids (tumor/mass/swelling entropion ectropion ectopic cilia dystichia)

conjunctiva (redness swelling discharge allergy mass foreign body)

cornea (ulcer cloudiness KCS opacity/blood vessels injury/foreign body)

uvea (intraocular inflammation mass bleeding glaucoma)

lens (cataract/opacity lens luxation lens injury/laceration)

retina/optic nerve (detachment inflammation bleeding tumor/mass)

orbit (sunked eye/enophthalmus bulgy eye/exophthalmus swelling)

vision problems (sudden onset of blindness progressive vision loss)

Tentative diagnosis: _____

Systemic conditions: _____

Medications used: _____

Diagnostic tests: _____