



Arizona Canine Orthopedics and Sports Medicine Referral Form

Dr. Ross Lirtzman DVM, DACVS & Dr. Brian Trumpatori DVM, DACVS
Dr. Brian Petrovsky DVM, Residency Trained in Surgery

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: _____

City: _____

Location & Contact Information

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

Phone: (480)-998-5999

Fax: (480)-998-1177

E-mail: records@asgscottsdale.com

We are located in the heart of North Scottsdale, near Pinnacle Peak Road and Scottsdale Road.

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: _____

