



Atlanta Animal Allergy and Dermatology
 aaadonline.com

REFERRAL FORM

280 South Atlanta Street
 Roswell, GA 30075
 Phone: 770-642-9800 **FAX: 770-642-4007**
 Dermatology: Dr. Mary P. Schick, DVM, DACVD
 Radiology: Dr. Royce E. Roberts, DVM, M.S., DACVR

Date: _____

REFERRING VETERINARIAN: _____

CLINIC _____ ADDRESS _____

PHONE () _____ FAX () _____

CLIENT NAME: _____

Last

First

ADDRESS _____

Street

City

State/Zip

HOME PHONE () _____ WORK PHONE () _____

PATIENT'S NAME _____ BREED _____ SEX _____

DOB _____

CHIEF COMPLAINT / TENTATIVE DIAGNOSIS _____

HISTORY (please include last 12 months medical history if possible) _____

MEDICATIONS _____

CORTICOSTEROIDS _____

ANTIHISTAMINES _____

OTHER MEDS _____

LABORATORY DATA _____

TREATMENTS (include medication and dosages) _____

Thank you for your referral! Please either mail to the above address or fax this form and last 12 months medical history (if available) to 770-642-4007