



# Chicago Veterinary Emergency and Specialty Center

**Cardiology**

Michael Luethy DVM  
DACVIM (Cardiology)

**Dentistry**

Cindy Charlier DVM, DAVDC

**Dermatology**

Cecilia Friberg DVM, DACVD  
Timothy Ness DVM, DACVD

**Internal Medicine**

Seth Ghantous DVM  
DACVIM (Internal Medicine)

Jack MacKenzie DVM

DACVIM (Internal Medicine)

**Neurology &****Neurosurgery**

Michael Podell MSc, DVM  
DACVIM (Neurology)

Zachary Niman DVM

DACVIM (Neurology)

**Ophthalmology**

Paul Gerding DVM, DACVO  
Nancy Park, DVM

**Oncology**

Amy Wiedemann DVM  
DACVIM (Oncology)

**Radiology**

Jason Crawford DVM  
DACVR

**Surgery**

Jeff Brouman DVM, DACVS  
Aaron Jackson DVM, DACVS  
Arathi Vinayak DVM,  
DACVS  
Steven Neihaus DVM

**Emergency Service**

June LaFave DVM  
*Medical Director*

Laura Beyer DVM

Nathaniel Cook DVM

Dylan Frederickson DVM

Jerry Klein DVM

Jane Lazzara DVM

Erin Tennyson DVM

Stacia Volbrecht DVM

James Hardiman DVM

**Specialty Coordinator**

Alicia Obando, MA

**Hospital Administrator**

Gene Mueller, DVM

## REFERRAL FORM

**RDVM:** Dr. \_\_\_\_\_ Date: \_\_\_\_\_

**Clinic:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_

**Patient:** Name: \_\_\_\_\_ Canine ( ) Feline ( )

Male: ( ) Male Neutered: ( ) Female: ( ) Female Spay ( )

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Referred To:**

Cardiology: Dr. Michael Luethy, DACVIM (Cardiology)

Internal Medicine and Oncology:

Dr. Seth Ghantous, DACVIM (Internal Medicine)

Dr. Jack MacKenzie, DACVIM (Internal Medicine)

Dr. Amy Wiedemann, DACVIM (Oncology)

Neurology and Neurosurgery: Dr. Michael Podell, DACVIM (Neurology)

Radiology: Dr. Jason Crawford, DACVR

Surgery

Dr. Jeff Brouman, DACVS

Dr. Arathi Vinayak, DACVS

Dr. Aaron Jackson, DACVS

Dr. Steven Neihaus

Emergency Service

**Primary Reason(s) for Referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Method of Contact:** Phone: ( ) Fax: ( ) Email: ( )

**Contact Info:** \_\_\_\_\_