



**Priory  
Veterinary  
Group**

**Christchurch  
Surgery & Hospital**

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**OPHTHALMOLOGY REFERRAL FORM-FAX 01202 470141**

Referring Veterinary Surgeon's name.....

Referring Practice.....

Telephone.....Fax.....

Practice email.....

***Owner's Details***

Name.....

Address.....

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Telephone.....Mobile.....

***Animal's details***

Name.....Species.....

Age.....Breed.....

***Brief outline of problem:***

If this is an urgent referral please phone Priory (01202 484466)