

SECOND OPINION SUBMISSION FORM SKIN HISTOPATHOLOGY



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Specialist Veterinary Dermatologists

OWNER'S SURNAME:		PATIENT NAME:	
CLINIC NAME:		CLINICIAN:	Dr.
CLINIC ADDRESS:	<input type="radio"/> As before or		
POST CODE:		<input type="radio"/> Canine	<input type="radio"/> Feline <input type="radio"/> Other:
BREED:		SEX:	<input type="radio"/> F <input type="radio"/> FS <input type="radio"/> M <input type="radio"/> MC
DATE OF BIRTH / AGE:		COLLECTION DATE:	
EMAIL ADDRESS:		MOBILE NUMBER:	
SUSPECTED / CONSIDERED DIAGNOSES:		<input type="radio"/> Allergic	<input type="radio"/> Endocrine <input type="radio"/> Neoplastic <input type="radio"/> Immune-mediated
		<input type="radio"/> Infectious	<input type="radio"/> Unsure <input type="radio"/> Other:
RELEVANT HISTORY:		<input type="radio"/> Pruritus	<input type="radio"/> Alopecia <input type="radio"/> Erythema <input type="radio"/> Scaling <input type="radio"/> Nodule/s <input type="radio"/> Pustules
		<input type="radio"/> Papules	<input type="radio"/> Pigmentation <input type="radio"/> Hyperpigmentation <input type="radio"/> Lichenification <input type="radio"/> Erosion/ulceration <input type="radio"/> Crusting
OTHER DETAILS:			
AFFECTED AREAS:			
DURATION OF SKIN DISEASE:			
RECENT TREATMENT/RESPONSE:			
OTHER TESTS/RESULTS:	<input type="radio"/> Skin Scrapings:	<input type="radio"/> Cytology:	



Email photos & additional history to:
dermatology@sashvets.com

2nd OPINION: PRICE \$199.00 incl GST

REQUEST YOUR LAB: Send H&E stained sections from previous biopsies to: Dermatology, Small Animal Specialist Hospital PO Box 157, North Ryde NSW 1670.

EMAIL OR POST THIS SUBMISSION FORM to dermatology@sashvets.com or Dermatology, Small Animal Specialist Hospital PO Box 157, North Ryde NSW 1670.

SASHVETS.COM (02) 9889 0289 @sashvets
 1 Richardson Place, North Ryde, 2113 @sash_vets
 2 Bounty Close, Tuggerah, 2259

Please indicate location of biopsies for all species:

DORSAL

VENTRAL

LATERAL

