



370 Greenbrier Dr., Suite A-2  
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[www.greenbrier-emergency.com](http://www.greenbrier-emergency.com)

**FIXED PRICE MONITOR PROGRAM (Stable patients only — call with questions)**

*Thank you for referring to the Greenbrier Emergency Animal Hospital. Please fill out and fax the following information to help us better serve you, your patients, and your clients. We also ask that you call us to further discuss this case to ensure all of your needs are met.*

Referring hospital name: \_\_\_\_\_

Hospital phone number: \_\_\_\_\_ Referring doctor's name: \_\_\_\_\_

Client's name: \_\_\_\_\_ Client's phone number: \_\_\_\_\_

Patient's name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex/Species/Breed: \_\_\_\_\_

Procedure performed or reason for monitoring: \_\_\_\_\_

Pertinent patient history: \_\_\_\_\_

Pertinent physical examination findings: \_\_\_\_\_

Diagnostic abnormalities (None?) \_\_\_\_\_

Tentative or definitive diagnosis: \_\_\_\_\_

Treatment already initiated to be continued: \_\_\_\_\_

Continued therapeutic and diagnostic instructions included in package (PCV/TS needed?, Fluids monitored? Medications administered?) (Injectable medications must be sent with the bottle to be included): \_\_\_\_\_

Patient catheter in place? \_\_\_\_\_ Medications sent with patient: \_\_\_\_\_

Prepaid at day hospital? \_\_\_\_\_ Special discharge instructions? \_\_\_\_\_

Return to referring hospital the next day? \_\_\_\_\_

*Please attach a copy of your records for this patient, including all lab work. Please send a copy of the radiographs or ultrasound images with the client. Greenbrier will administer injectable medications only if the bottle is sent, otherwise we will charge for our medications.*

Hours: 6 p.m. - 8 a.m., M-F • 24 hours on Saturdays & Sundays • Open On Major Holidays  
Walk-ins welcome, please call if you are able.