McGehee Clinic for Animals PC
712 Mt. Moriah
Memphis, TN 38117

Name: _____ **Date**: _____

Pet's Name: _____ **Time**: _____

Authorization for Professional Services

Reason for Today's Visit:

_____
_____
_____
_____
_____

Doctor requested: [ ] Arevalo [ ] Barnes [ ] McGehee

Medication last given: last PM [ ] this AM [ ] **Fasted**? yes [ ] no [ ] not sure [ ]

[ ] After the examination, please **call me first, before** performing further diagnostic tests and treatment on the described patient.

[ ] After the examination, I **consent and authorize** you, McGehee Clinic for Animals to prescribe, treat, and perform radiological and other diagnostic procedures on the described patient

Contact information:
Phone where you can be reached today: _____ Ask for: _____
Requested discharge time: _____ Call when ready [ ]

Signature _____ Date _____