



South Shore Equine Clinic & Diagnostic Center

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REFERRAL INFORMATION SHEET

Referring Veterinarian: _____ Date: _____

Practice Name: _____

Office Phone: _____ Office Fax: _____ Cell Phone: _____

Owner Name: _____ Phone: _____

Address: _____

Patient Name: _____

Breed: _____ Age: _____ Color: _____ Sex: _____

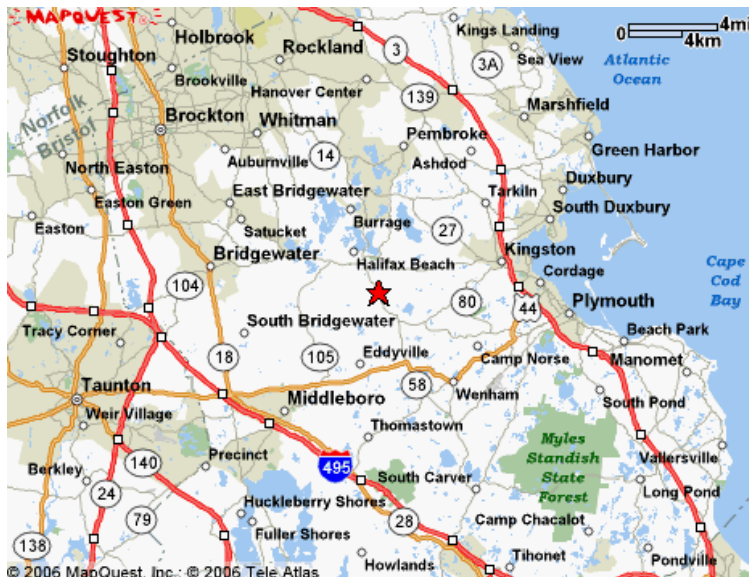
Clinical exam findings: _____

Tentative diagnosis (if any): _____

Diagnostics requested: _____

MRI requests:

- Area to be imaged: Left Right Front Hind
- Foot Pastern Fetlock High suspensory/Upper limb (if possible)



Contact Information:

Please call 781-585-2611 to schedule

Driving Directions:

From Route 495:

Take Exit 6 (Route 44 East)
Take Exit for Route 58
Turn onto Route 58 North
Follow Route 58 North for 3.7 miles
Look for our sign on the left

From Route 3:

Take Exit 7 (Route 44 West)
Take Exit for Route 58
Turn onto Route 58 North
Follow Route 58 North for 3.7 miles
Look for our sign on the left