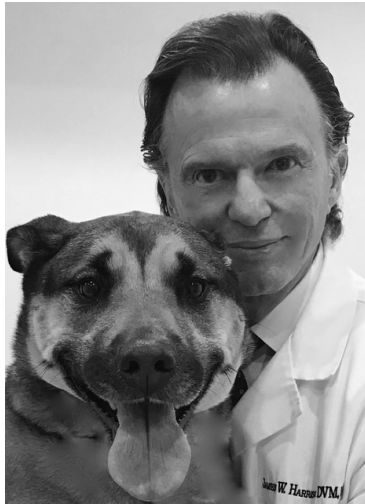


Bone, Joint and Spine Surgery



James W. Harrison DVM, MS

Diplomate American College of Veterinary Surgeons

Columbus office: (614) 889-9555
Cell phone: (614) 323-4847
Fax number: (614) 885-2731
Web Site: www.orthovetohio.com
Email address: orthovet@aol.com

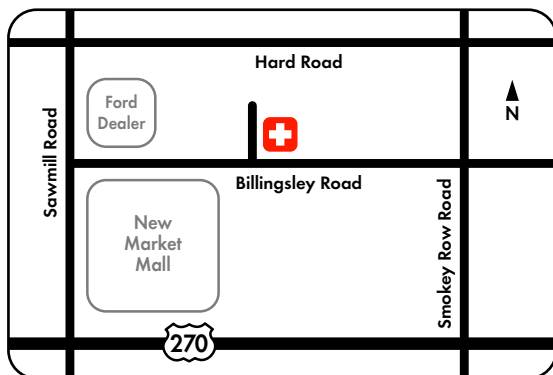
Columbus Office

Office Open: Monday, Wednesday and Thursday

Bone, Joint and Spine Clinic

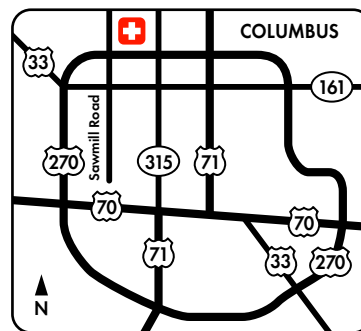
Appointments: (614) 889-9555

2642 Billingsley Rd. • Columbus, Ohio 43235



Services Provided

- Joint Surgery
- Hip Evaluations
- Lameness Exams
- Patella Luxations
- Spinal Stabilization
- Total Hip Replacement
- Complex Fracture Repair
- Intervertebral Disc Disease
- Anterior Cruciate Ligament Repair
- Most orthopedic procedures can be done for \$1,500 to \$2,500 plus the cost of surgical supplies and anesthesia.
- No charge for initial consultation, follow up visits or aftercare.
- Many procedures can be done as an outpatient which allows for one-day service.
- Overnight and intensive care are available for those who require it.



Bone, Joint and Spine Surgery | Patient Referral

OWNER: NAME _____ PHONE: _____
HOME WORK

ADDRESS _____
CITY STATE ZIP

PATIENT: NAME _____ BREED _____ GENDER _____ AGE _____

HISTORY: DURATION OF CONDITION _____

SYMPTOMS _____

HAS CONDITION OCCURRED BEFORE? _____ WHEN _____

X-RAYS (REPORT AND DATE): _____

LAB RESULTS (REPORT AND DATE): _____

TENTATIVE DIAGNOSIS: _____

TREATMENT TYPE (DOSE AND DATE): _____

STEROIDS? (TYPE, DOSE AND DATE): _____

REMARKS OR REQUESTS: _____

Dear Referral Client:
Your doctor is referring you for further investigation into your pet's problem. In order to avoid duplication of work and expense please bring radiographs and a copy of any diagnostic tests which may have been performed. Since you will return to your own veterinarian after the resolution of this problem, I will send your doctor a letter detailing the events of your pet's visit so that your records may be kept up to date at your own hospital.

_____, D.V.M.

ADDRESS _____

PHONE _____

FAX _____

HOME _____

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