



# DENTAL REFERRAL FORM

Date: \_\_\_\_\_

Molly Angel, DVM, FAVD

## REFERRING VETERINARIAN INFORMATION:

Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Client name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Patient name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Chief concern: \_\_\_\_\_

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History: (also specify concurrent conditions that may affect anesthesia/recovery)

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Physical findings:

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Laboratory data/radiographs: (attach results; if feline, include FELV/FIV and bartonella status, if known)

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Treatments: (include medications and dosages)

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Additional information/comments:

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