



**ANIMAL DENTISTRY  
REFERRAL SERVICES**

## Referral Form

Thank you for your referral.

On most occasions, we are able to see your patient within 24 hours of your referral. Please contact us by phone if your referral is an oral emergency.

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

You can download this form at [www.tooth.vet](http://www.tooth.vet) as well.

Referring Clinic: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

Email address: hosp doctor (circle) \_\_\_\_\_

Clinic phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (email) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: canine / feline / small mammal Breed: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M F Spayed/Neutered? Y N Color: \_\_\_\_\_

Client has been instructed to call to schedule appointment?: Y N

Nature of referral:

Presenting Complaint and History:

Tentative Diagnosis:

Dental Radiographs taken? Y N

Skull Radiographs taken? Y N

Sent with the owner? Y N

Emailed to us? Y N (consult@tooth.vet)

Labwork done? (To expedite your client's visit we recommend running CBC Chem Elec prior to patient appt) Y N

Additional Diagnostics done:

Comments:

How would you prefer we communicate with you regarding this case? (circle Email, Fax, and/or Mail)

Email report and radiographic images to: \_\_\_\_\_ (default communication)

Fax report      Mail report

To make things as smooth as possible for your client, please send this referral form along with labwork, any oral radiographs, and biopsy results via email to: [consult@tooth.vet](mailto:consult@tooth.vet). Please call 515-421-4VET(838) to schedule a remote contact session if you need assistance with electronic contact.