Dentistry & Oral Surgery Referral Form

Thank you for your referral.

Please contact us by phone if your referral is an oral emergency.

You can download this form at www.mainstreetveterinarydentalclinic.com. Click on the “Resources” tab, then the “Hospital Forms” tab.

Heidi B. Lobprise, DVM, Diplomate, American Veterinary Dental College
Jessica Johnson, DVM Senior Dental Resident

Date: _______________

Referring Clinic: ___________________________ Referring Doctor: ___________________________

Email address: ☐ hosp ☐ doctor ___________________________

Clinic phone number: ______________________ Fax number: ___________________________

Owner Name: ___________________________ Phone number: (home) ___________________________

Owner Name: ___________________________ Phone number: (cell) ___________________________

Patient Name: ___________________________ Species: _______ Breed: _______________ DOB: ___________

Sex: ☐ M ☐ F Spayed/Neutered? ☐ Y ☐ N Color: ____________ Weight: ____________

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

Labwork done? (To expedite your client’s visit we recommend running labwork prior to sending them) ☐ Y ☐ N

Additional Diagnostics done:

Comments:

How would you prefer we communicate with you regarding this case?

☐ Fax report only

☐ Email report to: ____________________________ (preferred email address)

Further information upon request

To make things as smooth as possible for your client, please send this referral form along with labwork and biopsy results via fax to 972-539-3735 or email to dentalclinic@mainstreetpets.com.

Please send radiographs via email or with the client.