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REQUEST FOR DENTISTRY REFERRAL

Danny DeRose DVM, DipAVDC | Sharon French DVM, FAVD
Mahdi Haghighat DVM, Residency Trained in Small Animal Veterinary Dentistry

Referring Veterinarian: _____ Date: _____

Referring Clinic: _____

Clinic Phone Number: _____ Clinic Fax Number: _____

Client Name: _____ Client Phone Number: _____

Pet's Name: _____ Breed: _____ Age: _____ Sex: M F

Presenting Complaint:

Previous Treatments:

Current Therapy/Medications:

Other Health Concerns:

IMPORTANT - PLEASE ENSURE:

- 1) The complete medical history (incl diagnostics & imaging) is included with this form.
- 2) Age related pre-op bloodwork (incl platelet count) is completed within 2 weeks prior to the appointment.

Laboratory Data Included: Yes No

Radiographs Included: Yes No

Email form to: info@vectoronto.com