

### Dental and Oral Surgery Referral Form

Client Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Client Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex  M  F  FS  MN

Vaccines current?  Yes  No

Referring Veterinarian \_\_\_\_\_

Referring Animal Hospital \_\_\_\_\_

Address (only if first referral) \_\_\_\_\_

City, State, Zip (only if first referral) \_\_\_\_\_

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

DVM's preferred method of receiving reports (may have colored photos)  Email  Fax

Please indicate if you would like to be additionally contacted personally by phone  Yes  No

Please furnish (by fax or to accompany owner) any diagnostic test results (lab, radiographic, etc).

Primary problem or reason for referral:

Please list any pertinent medical history:

Please list all medications or supplements your pet is currently taking (drug, mg, dose, duration):

Additional Information or Comments:

*Thank you for choosing Midwest Animal Dentistry & Oral Surgery as your oral health care partner.*

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EXTRACTIONS ♦ ROOT CANAL THERAPY PERIODONTAL DISEASE ♦ ORTHODONTICS ♦ RESTORATIONS ♦ CROWN THERAPY  
DENTAL RADIOLOGY ♦ ADVANCED IMAGING (CT) ♦ ORAL TUMOR REMOVAL ♦ ORAL MEDICINE ♦ MAXILLOFACIAL TRAUMA

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**Veterinary Emergency & Specialty Hospital of Wichita** ♦ 727 South Washington ♦ Wichita, KS 67211 ♦ (316) 262-5321  
**Animal Emergency Clinic of Northwest Arkansas** ♦ 777 Mathias Drive, Suite B ♦ Springdale, AR 72762 ♦ (479) 633-7327

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