



Referral Form

Referring Veterinarian's Details

Name: _____
 Practice Name: _____
 Contact Phone: _____
 Contact email: _____

Client's Details

Name: _____
 Contact Phone: _____
 Contact email: _____

Patient Details

Name: _____
 Species: _____
 Breed: _____
 DOB: _____ Sex: _____

Medical Notes

Reason for Referral:

Expectations:	Consultation	Diagnostics	Treatments
---------------	--------------	-------------	------------

Previous Dental Tx and work-up:

Has the patient had recent pre-anaesthetic blood screening?	Yes	No
---	-----	----

Does the patient have other medical concerns?	Yes	No
---	-----	----

What are those other medical concerns?

Is the patient currently on medication?	Yes	No
---	-----	----

What are those medications?

Please be sure to attach your history, pre-anaesthetic results, dental radiographs and other imaging to your email, all labelled clearly with the patient's name.

Email **ALL** documents to referrals@animaldental.com.au