



# Dental and Oral Referral Form

Thank you for your referral. Please contact us by phone if your referral is an oral emergency. Our dental team includes:

- Jessica Johnson, DVM, Diplomate, American Veterinary Dental College
- Shanna Landy, DVM, Practice Limited to Dental and Oral Surgery
- Heidi Lobprise, DVM, Diplomate, American Veterinary Dental College

Date:

Referring Clinic:

Referring Doctor:

Clinic Email:

This email address is for:  Hospital  Doctor

Clinic Phone Number:

Clinic Fax Number:

Owner's Name:

Email:

Cell Phone:

Home Phone:

Patient's Name:

Species:

Breed:

Date of Birth:

Weight:

Sex:

Are they spayed or neutered?  YES  NO

Was the client instructed to call to schedule appointment?  YES  NO

Presenting Complaint and History:

Tentative Diagnosis:

Dental Radiographs:  YES  NO

Lab work done:  YES  NO

Additional Diagnostics:

Comments:

**Please send us a copy of the bloodwork and radiographs and note that our consultation fee is \$120.  
Do not hesitate to reach out if you have any questions.**