



Main Street Veterinary Dental Clinic

4100 Kirkpatrick Lane Flower Mound, TX 75028
972-355-0008 (phone) 972-539-3735 (fax)
Website: www.mainstreetveterinarydentalclinic.com
Email us at: dentalclinic@mainstreetpets.com

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) _____
(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.