



Main Street Veterinary Dental Clinic

4100 Kirkpatrick Lane  
Flower Mound, TX 75028  
972-355-0008 (phone)  
972-539-3735 (fax)  
mainstreetpets.com/patient-resources/patient-forms/

## Dentistry & Oral Surgery Referral Form

*Thank you for your referral. On most occasions, we are able to see your patient within 24 hours of your referral.  
Please contact us by phone if your referral is an oral emergency.*

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

Date: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Email address:  hospital  doctor \_\_\_\_\_

Clinic phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone number: (home) \_\_\_\_\_

(cell) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex:  M  F

Spayed/Neutered?  Y  N

Weight: \_\_\_\_\_

Client has been instructed to call to schedule appointment:  Y  N

Presenting Complaint and History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tentative Diagnosis: \_\_\_\_\_

Dental Radiographs taken?  Y  N

Skull Radiographs taken?  Y  N

Sent with owner?  Y  N

Emailed to us?  Y  N

Lab work done? (To expedite your client's visit we recommend running lab work prior to sending them)  Y  N

Additional Diagnostics: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

*To help ensure the experience for your client runs as smoothly as possible at their specialty appointment,  
please send this referral form along with any recent lab work, radiographs and/or biopsy results via email to  
[dental.mainst@svp.vet](mailto:dental.mainst@svp.vet) or via fax to 972-539-3735. We appreciate your referral!*