Endodontics · Oral Medicine · Oral Surgery
Oral & Dental Radiology · Orthodontics ·
Periodontics · Restoration
East Tennessee's Only Board Certified Dentist

Animal Dental Services

Dental Referral Request & Patient History

Patient Information

Full Name: _____
(Last) *(First)* *(M.I.)*

Home Phone: ( ) _____ Alternate Phone: ( ) _____

Email Address: _____

Pet Name: _____ Species / Breed: _____ Pet's Age: _____

Referring Veterinarian Information

RDVM Name: _____ Clinic Name: _____

Address: _____
Street Address

_____
City *State* *Zip Code*

Office Phone: _____ FAX: _____ Email Address: _____

Patient History

Primary problem (provide a detailed description of the problem, its location, duration, and progression, as well as treatments to date and their effect):

_____

_____

_____

_____

Previous dental treatments:

_____

_____

_____

Other pertinent medical or surgical history (please include copies of any pertinent laboratory reports):

_____

_____

Level of home care provided by / expected of this owner:

_____

Sharon Startup, DVM Diplomate AVDC
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Web: www.animaldentalservices.net