



Veterinary Dentistry and Oral Surgery of New Mexico, LLC

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Dental and Oral Surgery Referral Request

Date of referral _____

Client Name _____ Pet Name _____

Home # _____ Work # _____ Cell # _____

Species _____ Breed _____ Age _____ Sex _____ Email _____

Referring Veterinarian _____

Referring Animal Hospital _____

Address (if 1st referral) _____

City, State, Zip (if 1st referral) _____

Phone # _____ Fax # _____ Email _____

DVM Preferred method of receiving final reports (will have color photos): Email USPS mail

Client would prefer initial consultation at VCA Vet Care Referral Center in Albuquerque

Primary problem and reason for referral (orthodontic evaluation, fractured tooth, advanced perio disease, jaw fracture, cleft palate, oral cancer, outpatient Cone Beam CT, etc.). Please include any relevant history.

Date and results of most recent bloodwork (please attach) _____

Date and results of other recent relevant diagnostics (thoracic radiographs, dental radiographs, biopsy, etc)

For the owner's convenience, we often perform same day consultations and procedures. We typically administer Cerenia® (maropitant) prior to anesthesia. If appropriate, please dispense this to your client to administer orally the night before their appointment. Please note the dispensed dosage so that we may remind the owner to administer it appropriately. Thank you!

Any other comments or concerns _____

Total # of pages including this form _____

Please email to referrals@vetdentistrynm.com or fax to 800-646-9352. Thank you!!!

ROOT CANAL THERAPY • PERIODONTAL DISEASE • ORTHODONTICS • RESTORATIONS AND FILLINGS • CROWN THERAPY • ORAL AND DENTAL RADIOLOGY
JAW FRACTURE REPAIR • PALATAL DEFECT REPAIR • ORAL TUMOR REMOVAL • EXTRACTIONS • ORAL MEDICINE

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