



# 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 1<sup>st</sup> referral) \_\_\_\_\_

City, State, Zip (if 1<sup>st</sup> 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/results of recent bloodwork (please attach, incl. med records from last 6 months) \_\_\_\_\_

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](mailto: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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