Veterinary Dentistry and Oral Surgery of New Mexico, LLC

Kris Bannon, DVM, Dip. AVDC®
Board Certified Veterinary Dentist™

Maria Littles, DVM, Dip. AVDC®
Board Certified Veterinary Dentist™

Alena Strnadová, DVM
Resident, Veterinary Dentistry

Dental and Oral Surgery Referral Request

Date of referral _____

Client Name _____ **Pet Name** _____

Home # _____ Work # _____ Cell # _____

Species _____ Breed _____ Age_____ Sex _____ Email _____

Referring Veterinarian/Hospital_____

Phone # _____ Email _____

Primary Veterinarian/Hospital (if different) _____

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

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Any other comments or concerns _____

_____

Medical Records (last 2 years)	**Bloodwork** (last 2 years)	**Dental Radiographs**	**ECG/Echo**
☐ Attached	☐ Attached	☐ Attached	☐ Attached
☐ E-mailed separately	☐ E-mailed separately	☐ E-mailed separately	☐ E-mailed separately
☐ None	☐ None	☐ None	☐ None

Total # of pages including this form _____

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