

# Dental Consultation Referral Form



\*Please complete this form and submit via email with any relevant pictures or radiographs:

[info@midwestvetdental.com](mailto:info@midwestvetdental.com)

<b>Submitting Veterinarian:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	
<b>Client Name:</b>	
<b>Client Phone Number:</b>	
<b>Patient Name:</b>	
<b>Signalment:</b>	<b>Breed:</b> <b>Sex:</b> <b>Age:</b>
<b>Presenting Complaint:</b>	
<b>Oral Exam Findings:</b>	<b>External Exam:</b>  <b>Oral soft tissues:</b>  <b>Occlusion:</b>  <b>Periodontal findings:</b>  <b>Endodontic Findings:</b>
<b>Radiographs:</b>	
<b>Pictures:</b>	
<b>Other:</b>	