Texas Veterinary Dental Center
12810 Fountain Lake Circle
Stafford Texas 77477
Phone 281-325-0074
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mypet@texasvetdentist.com

**Referral Form**

☐ **SELF REFERRAL** ☐ **DVM REFERRAL**

**Client Name:**______________________________ Co-owner:________________

**Email:**____________________________________ **For office use:** Confirmation emailed •

**Client Contact #:**__________________ Other #:____________________

**Patient Name:**______________ Species:______ Breed:________________

Sex: _______ Age:______ Color:____________

**Referring Clinic:**___________________________ Doctor: ____________

Clinic Phone:________________ Clinic Email:__________________

**Primary Clinic** (if different):_______________________

Clinic Phone:________________ Clinic Email:__________________

Medical HX - ☐Emailing ☐ faxing **For office use:** HX received •

**Reason for referral**:____________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Last dental visit/cleaning:_________ Last bloodwork (CBC, chemistries):__________

Dental Radiographs (xrays) performed: ☐Y/☐N (If yes, please email with any report)

Other health issues:_______________________________________________

_______________________________________________________________

_______________________________________________________________

Current medications:______________________________________________

_______________________________________________________________