DENTAL REFERRAL



Please <u>complete</u> form as signalment of patient is extremely important to case raview

to case reviev	V.				Teresa Jacobson, B.Sc., DVM & Associates 101-2611 Stillwater Way, Lake Country, B.C. V4V 2				
Date:/_	_/_20	Pages:/		778-480-6274 Fax: 778-480-6473 www.sitaraanimalhospital.com					
Type of Re	ferral: Consu	ltation / Proce	dure: □ Ye	es □ No					
		phone Consulta fice for fee; paym			er, Cheque (pa	yable to Sitara	Animal Hospital).		
Status:	Etatus: □ Emergency □ Urgent			Γ	□ Next Available				
CLIENT INF	ORMATION								
Last Name (s):			First N	Name (s):				
Street Addre				City:		Postal Co	ode:		
1st Phone #:		2 nd #:		Email:					
PATIENT IN	IFORMATION	to our clinic befor		NO .					
Name:) / F (0)	Species:	Breed:			Colour:	***		
Sex: M (N) / F (S)	D.O.B.:		Age:		Wt:	Kg.		
REFERRING	CLINIC								
Name:					Main Phone #	<u> </u>			
Veterinariar	1:				Fax #				
Email:					Direct Phone #				
	ographs: y / n (-	tistry@sitaraa	nimalhos	pital.com) Pho	otographs: y / r	Insurance: y / n		

QUESTIONS:

*		nt blood work bee uire blood work or	Up to 6 years: I	n last 3 months)?: Pre-Anesthetic Panel Senior Profile w/ Urir	□ Yes	□ No	□ Sent				
*		st radiographs beer uire radiographs o	n obtained? n animals 10 years and o	older	□ Yes	□ No	□ Sent				
*	Has an ult	rasound / echo be	?	□ Yes	□ No	□ Sent					
*	Has patient been diagnosed with any of the following?										
		☐ Heart Disease	☐ Kidney Disease	☐ Liver Disease	☐ Thyroid	Disease					
		☐ Diabetes	☐ Respiratory Disease	☐ Seizure Disorder	□ Osteoar	thritis					
*	Has patient recently shown any of the following clinical signs?										
		☐ Coughing	☐ Sneezing	☐ Vomiting	□ Exercise	Intolera	nce				
		□ Diarrhea	□ Anorexia	□ Other							
List	t medicatio	ons patient is curre	ntly on / been dispensed	l:							
Ple	ase descrik	oe any other diseas	se / illness in detail we sh	nould be aware of:							
PLEASE ATTACH / EMAIL LAST 2 YEARS OF PATIENT'S MEDICAL HISTORY, INCLUDING ANY DENTAL CHARTS AND ANESTHESIA CHARTS. <u>ONCE FULL RECORD RECEIVED</u> , WE WILL CONTACT CLIENT TO BOOK APPOINTMENT.											
т	hic rafarra	l hac hoon rovious	ad by (Doctor's name n	loggo print):							