



# Woodlands Veterinary Hospital and Animal Dental Centre

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# Bowmont Animal Hospital

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[dental@woodlandsvet.com](mailto:dental@woodlandsvet.com)

## Dr. Stewart MacKenzie DVM FAVD

Fellow of the Academy of Veterinary Dentistry

### Dental Referral Request Form

Date \_\_\_\_\_ Referring Veterinarian (first and last name) \_\_\_\_\_

Clinic Name/Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Correspondence: Phone  Fax  Email

Owner Name (first and last) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Patient Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Sex: Male  Female  Altered: Yes  No  Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

Reason for referral (please include location, duration, progression, previous dental treatments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent medical or surgical history (please attach relevant medical records, lab results and recent blood work)

\_\_\_\_\_  
\_\_\_\_\_

Other comments

\_\_\_\_\_  
\_\_\_\_\_

Preferred Location (select): Woodlands (SW)  Bowmont (NW)

Please choose one of the following options:

I would like Dr. MacKenzie to call me prior to seeing the patient

Dental team will contact the owner to set up an appointment

An appointment has been scheduled for \_\_\_\_\_

For office use:

AviMark number: \_\_\_\_\_

Dr. Mackenzie notified/initial: \_\_\_\_\_

Owner contacted: \_\_\_\_\_

Left Message: \_\_\_\_\_

Appt. Day/Time: \_\_\_\_\_