Woodlands Veterinary Hospital and Animal Dental Centre 202-2525 Woodview Drive SW Calgary, AB T2W4N4

Ph: (403) 281-4655 Fax: (403) 251-2563 www.woodlandsvet.com dental@woodlandsvet.com



Bowmont Animal Hospital 110-3440 69th Street NW Calgary, AB T3B 2J8 Ph: (403) 286-2727 Fax: (403) 286-2796 $\underline{www.bowmontanimalhospital.com}$ dental@woodlandsvet.com

Dr. Stewart MacKenzie DVM FAVD

Fellow of the Academy of Veterinary Dentistry

Dental Referral Request Form

Clinic Name/Address	Date	Referring Vet	_ Referring Veterinarian (first and last name)				
Preferred Method of Correspondence: Phone Fax Email Owner Name (first and last) Cell Phone	Clinic Name/Address						
Owner Name (first and last)	Phone	Fax_			Email		
Home Phone	Preferred Method of C	Correspondence:	Phone □	Fax 🗌	Email 🗌		
City	Owner Name (first an	ıd last)				Cell Phone	
Patient Name	Home Phone		Address				
Patient Name	City		Province		Postal	Code	
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 Owner contacted: Dental team will contact the owner to set up an appointment An appointment has been scheduled for Dental team will contact the owner to set up an appointment Left Message:	Email					_	
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) For office use: AviMark number: Please choose one of the following options: I would like Dr. MacKenzie to call me prior to seeing the patient Owner contacted: Dental team will contact the owner to set up an appointment Caft Message: Left Message:	Patient Name			Species_		Breed	
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) For office use:	Sex: Male ☐ Female	☐ Altered: Yes	□ No □ Date	of Birth		Color	
Preferred Location (select): Woodlands (SW) Bowmont (NW) AviMark number: Dental team will contact the owner to set up an appointment	Pertinent medical or s	surgical history (plea	ase attach relevar	nt medical reco	ords, lab results	and recent blood work)	
Preferred Location (select): Woodlands (SW)	Other comments						
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	Preferred Location (select): Woodlands (SW) Bowmont (NW)						
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Dental team will contact the owner to set up an appointment An appointment has been scheduled for	I would like Dr. MacKenzie to call me prior to seeing the patient					Dr. Mackenzie notified/initial:	
An appointment has been scheduled for						Owner contacted:	
					J J	Left Message:	
	The appearance in section serious for				_	Appt. Day/Time:	