



Woodlands Veterinary Hospital and Animal Dental Centre

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Bowmont Animal Hospital

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Dr. Stewart MacKenzie DVM, FAVD, DAVDC

Fellow of the Academy of Veterinary Dentistry
Diplomate of the American Veterinary Dental College®.
Board Certified Veterinary Dentist®

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 (we ONLY need the last year of medical records, lab results and recent blood work)

Other comments

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

rDVM agrees for us to perform necessary bloodwork (select): Yes ☐ No ☐

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: _____