

Dentistry, Oral Medicine and Surgery Referral Form

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Owner _____

Patient _____ Species _____ Breed _____

Sex _____ Age _____ Weight _____

Pertinent History

Your Assessment/Diagnosis _____

Treatments – Duration and dosage

Y N Have you done diagnostic blood work in the past month? If so, please send results.

Y N Has the patient undergone anesthesia in the past month? Please note in treatments.

Y N Is the patient current on vaccinations and parasite control?

How would you rate the patient's suitability for general anesthesia?

Referring Veterinarian _____

Address _____

City, State, Zip Code _____

Phone _____ Fax _____

E-mail _____

For driving directions, see the web site www.bienvilleanimal.com