

# 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](http://www.bienvilleanimal.com)