



Dr. Terrie Faber, DVM, FAVD
Fellow of the Academy of Veterinary
Dentistry

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Date _____

Dental Referral Request Form

Referring Veterinarian _____

Referring Hospital _____

Hospital E-mail _____

Hospital Phone Number () _____ - _____

Owner's Name(s) First _____ Last _____

Owner's Address _____

City _____ Postal Code _____

Owner's Home Phone () _____ - _____ Cell Phone () _____ - _____

Pet's Name _____

Breed _____

DOB _____

Colour _____

Sex F FS M MN

Pet Insurance (if any) _____

Primary Problem (please include location, duration, treatment to date, progression):

Previous Dental History:

Current and/or previous systemic issues, please check all that apply:

- Heart Disease (i.e. HCM, Murmur, Hypertension, Heart Failure etc.) Collapsing Trachea Kidney Disease
- Liver Disease Thyroid Disease (Hyper or Hypothyroid) Gastrointestinal Disease (i.e. IBD, gastroenteritis etc.)
- Musculoskeletal Diseases (i.e. IVDD) Allergies (i.e. food allergies, environmental, medication)
- Diabetes None Other

Diagnostics that have been completed within the last year, please check all that apply (if an echocardiogram has EVER been done, please also include these results):

- Blood work (Chem, CBC, T4 etc.) Echocardiogram Ultrasound (abdominal, liver etc.)
- Radiographs (chest radiographs) Dental Radiographs CT Scan None

Thank you for your referral! We strive to return a satisfied client and a healthy, pain-free patient to your practice.

Please provide more detail about current/previous systemic issues and diagnostics performed, especially if you chose "Other". Please also list dates of when diagnostics were completed (i.e. bloodwork including Chem and CBC completed October 2022):

Please list current medications with drug name, dosage, route, frequency and time of day it is administer (i.e. Caninsulin, 4 IU, SC, twice daily at 6:00 am and 6:00 pm):

Please provide notes about the behavior of the patient (friendly vs fractious) or any other relative information you feel is pertinent to this referral:

Additional comments:

- I would like Dr. Faber/Dr. Rigby to call me prior to seeing the patient
- Alberta Veterinary Dentistry will contact the owner to schedule a consultation
- A consultation has already been scheduled _____

For office use:
Contacted:
1. _____
2. _____
3. _____
Appt. time: _____
Appt. day: _____

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