



Lake County Veterinary Clinics, PLLC
Patient Referral Information

Date of referral: _____

Referring Doctor: _____ Referring Hospital: _____

(Hospital Phone#): _____ Referring office email for referral letter: _____

Owner's Name: _____ Owner's Phone: (Hm#)/(Cell#): _____

Owner's Address: _____ Owner's Email: _____

Pet's Name: _____ Age: _____ Sex: _____ Weight: _____ Breed: _____

Referred for: 1. _____ 2. _____ 3. _____

Brief history of current problems: _____

Diagnostic Test Results (PLEASE ATTACH A COPY OF MOST RECENT BLOOD TESTS, LAB RESULTS, AND RADIOGRAPHIC FINDINGS):
email to: info@lakecountyyvet.com

Treatments & Medications Administered (list ALL drugs prescribed, including dosage and duration):

Please Instruct Pet Owners to Continue to Give all Medications as Previously Prescribed and have diabetic patients bring insulin the day of the procedure

Doctor:

- Grace Brown, DVM

Periodontics, Oral Surgery,

Orthodontics, Endodontics, Crowns

Restoratives & Oral Radiography

Office Locations:

- Two Harbors Clinic: 557 Scenic Drive, Two Harbors MN 55616
Grand Marais Clinic: 4 Gene's Way, Grand Marais, MN 55604
Email: info@lakecountyyvet.com

