



Minnesota Veterinary Dental Specialists

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: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Owner's Email: \_\_\_\_\_ (Date of next rabies or rabies exempt) \_\_\_\_\_

Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 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: Dentistry@MNVDS.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 K. Brown, DVM, DAVDC

Periodontics, Oral Surgery,

Orthodontics, Endodontics, Crowns,

Restoratives & Intraoral Dental Radiography

**Office Locations:**

- **Address:** 557 Scenic Drive, Two Harbors MN 55616
- **Email:** Dentistry@MNVDS.COM
- **Web:** mnvetdentalspecialists.com

