



Animal Dentistry and Oral Surgery Specialists, LLC

Dale Kressin DVM, FAVD, Dipl. AVDC

Eden Prairie ** Patient Referral Form

Fax: 920-233-1956 Phone: 888-598-6684 or 920-420-6746

Date _____ E-mail _____

Owner _____ Pet _____ Phone _____

Species _____ Breed _____ Age _____ Sex: M MN F FS

Items accompanying patient: ___ Radiographs ___ Records ___ Blood work ___ Meds ___ Other _____

Date of Dental prophylaxis: _____ Do you offer dental radiology services? _____

Previous dental work (extractions/oral surgery/other):

Therapeutics initiated:

Tentative Diagnosis:

INSTRUCTIONS FOR THE Animal Dentistry and Oral Surgery Specialists, LLC

___ Consultation only

___ I wish to have the attending veterinarian E-mail Case Summary _____ E Mail _____

___ Requesting diagnosis and treatment

IMPORTANT In recognition of changes in patient condition, doctor's evaluation, and client wishes; the Animal Dentistry and Oral Surgery Specialists, LLC reserves the right to change diagnostic or therapeutic plans for any patient when good clinical judgment dictates. We refer to other specialists. Preferred 24 hr facility: Affiliated EVS/Oakdale.

Referring Doctor _____ Hospital _____ E-mail _____

Clinic phone _____ Fax _____

Call me if _____