Dallas Veterinary Dentistry & Oral Surgery
2700 W. State Hwy 114, Bldg 2, Ste D
Grapevine, TX 76051
(Inside Veterinary Specialty Center next to AEHNT)

Info@DallasVeterinaryDentistry.com
Phone: 817.431.8451
Fax: 817.796.2757

Debra A. Nossaman, DVM, FAVD, DAVDC

Carly Czuba, DVM
Associate, Veterinary Dentistry and Oral Surgery

Katy Levitt, DVM
Associate, Veterinary Dentistry and Oral Surgery

Patient Referral Form

Referring doctor ______________________________

Referring hospital ______________________________

Address ______________________________

Phone ______________________________ Fax ______________________________

Doctor E-mail address ______________________________ Hospital E-mail address ______________________________

Preferred method to receive post-op referral report | ☐ Email | ☐ Fax |

Name of client ______________________________

Home phone ______________________________ Work phone ______________________________ Cell phone ______________________________

Patient's name ______________________________

Species ______________________________ Breed ______________________________

Sex: ☐ F ☐ SF ☐ M ☐ CM Age ______________________________

Tentative diagnosis/Chief complaint ______________________________

Brief history ______________________________

Treatments (including medications and dosages) ______________________________

Special request or comments ______________________________

Thank you for your referral

Our goal is to return a happy and satisfied client back to your practice