



# Advanced Veterinary Dentistry, LLC

Carol Breslin, DVM  
Practice Limited to Veterinary  
Dentistry and Oral Surgery

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## Referral Form

Client Name \_\_\_\_\_

Phone numbers: Cell # \_\_\_\_\_ Home# \_\_\_\_\_

Work# \_\_\_\_\_

Pet Name \_\_\_\_\_ Species/Breed \_\_\_\_\_

Pet age \_\_\_\_\_ Sex \_\_\_\_\_

Referring Veterinarian \_\_\_\_\_

Referring Veterinary Hospital \_\_\_\_\_

Address (if first referral) \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_

Reason for referral \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant medical or surgical history \_\_\_\_\_

\_\_\_\_\_

Please include copies of recent bloodwork, histopathology or laboratory results

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