



PERKINS ROAD
VETERINARY HOSPITAL

CURT RITCHIE, DVM

Dentistry Referral Form

Phone: 225.766.0550

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Website: prvh.net

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Number of pages including this form _____

Date _____

Owner's Name _____ Pet's Name _____

Owner's Address _____

Owner's Home Phone _____ Owner's Work/Cell Phone _____

Pet's Breed _____ Pet's DOB _____ F FS M MN

Referring Veterinarian _____ Referring Hospital _____

Phone _____ Fax _____ **Email** _____

Date of Dental Prophylaxis: _____ Do you offer dental radiology? _____

Primary problem (detailed description of the problem, it's location, duration and progression as well as treatments to date and their effect):

Previous Dental treatments for other problems (extractions, oral surgery/other): _____

Other pertinent medical history: _____

Level of home care provided/expected from this owner: _____

Lab work for this patient performed recently? Y N (If yes, please include)