



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

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*Associate, Veterinary Dentistry and Oral Surgery*

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*Associate, Veterinary Dentistry and Oral Surgery*

**Natalie Henderson, 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 Provider: ☐ Dr. Czuba ☐ Dr. Henderson ☐ Dr. Levitt ☐ 1<sup>st</sup> Available |

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**