



Evergreen Veterinary Dentistry Services

Radiograph Review and Interpretation - Referral Form

Referral Date: _____

Patient Information

Patient Name:	Species/Breed:	Colour:
Client Last Name:	Age:	Sex:

Referring Clinic Information

Veterinary Hospital:	Work #
Veterinarian:	Fax #
Email:	

Reason for Referral & Patient History: *for efficiency of this report, please include any questions or concerns you have, and what you are hoping to have answered*

Please only submit radiographs for which you want an interpretation/have a clinical question for

REFER TO:

- Any
- Dr. Lana Bissett DVM, DAVDC
- Dr. Olivia Saunders BVM&S MRCVS, Practice Limited to Veterinary Dentistry and Oral Surgery

Please include:

- Relevant Diagnostics
- Relevant Photos
- Dental Radiographs

STATUS:

- Emergent - \$280** – available during clinic hours – communication within 4-5 hours to rDVM, then formal report to follow
- Non-Urgent - \$185** – formal report returned within 7 days

Please send referral form and all relevant images to referrals@evds.ca