



SOUTHEAST  
VETERINARY  
DENTISTRY

# Small Animal Dentistry Service Request Form

Today's date:

Service Requested (Please check one):  Mobile Service  
 Referral to Alpharetta location

Hospital Name:

DVM:

Hospital Phone:

Hospital/DVM email:

Owner's Name (First and Last):

Owner's phone:

Owner's email:

Owner's address:

Patient's Name:

Species:

Breed:

Sex:

Patients Weight:

Patient's Date of Birth:

Reason for referral:

Current Medications:

Important Medical History/Master problem list:

Is the patient current on rabies vaccination:

Due date for next rabies vaccine:

*\*For referral services to the Alpharetta location (Midway Animal Hospital) dogs must be current on rabies, DHPP, and bordetella vaccines and cats must be current on rabies and FVRCP vaccines if they stay in the hospital for a dental procedure.*

Date of last dental procedure:

Will you be emailing previous dental charts:

Date of last dental radiographs:

Will you be emailing previous radiographs:

Date of last CBC/chemistry:

Will you be emailing previous blood work:

Do you have digital dental radiography equipment?:

Please provide any additional information or requests here:

For mobile services, have you read the hospital requirements [here](#) and the scheduling guidelines [here](#)?

For mobile services, does your hospital meet all of the Southeast Veterinary Dentistry hospital requirements?

Please email all relevant medical records, dental charts, dental radiographs, photos, and vaccine history to: [southeastveterinarydentistry@gmail.com](mailto:southeastveterinarydentistry@gmail.com)

I look forward to working with you. Please feel free to call, text, or email any questions that you have.

Additional information about my services can be found online at [www.southeastveterinarydentistry.com](http://www.southeastveterinarydentistry.com)

After receipt of your referral form we will be in touch with you or your client regarding scheduling.

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