

Dental Referral Form

Scan completed form and send to info@dentalvetkingston.ca or fax to 613-634-3483

Date:

Referring Practice and Veterinarian Triage Status: Emergency Urgent Routine

Veterinarian:		
Hospital Name:		
Street Address:		
City:	Province:	Postal Code:
Hospital Phone:	Veterinarian Phone:	
E-mail Address:	Preferred Contact: Hospital <input type="checkbox"/> Vet <input type="checkbox"/> Email <input type="checkbox"/>	

Client Information

Client First and Last Name(s)		
Street Address:		
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	
E-mail:	Preferred Contact: Home <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/>	
Has this client come to PAH for a dental referral before? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can client provide preventive home care? Yes <input type="checkbox"/> No <input type="checkbox"/> Minimal <input type="checkbox"/> Patient not cooperative <input type="checkbox"/>		

Patient Information

Patient Name:		
Species:	Breed:	
Date of Birth:	Sex:	
Recent Weight (kg):	Body Condition Score:	/ 5 or /9
Vaccines up to date? Yes <input type="checkbox"/> No <input type="checkbox"/> Titres done <input type="checkbox"/> send titre levels to info@dentalvetkingston.ca		
Will this patient allow a detailed oral examination when awake? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Reason for Referral

Client's Presenting Complaint:	Date first noticed (by client):
Foul breath <input type="checkbox"/> Not eating <input type="checkbox"/> Seems painful <input type="checkbox"/> Broken tooth <input type="checkbox"/> Calculus <input type="checkbox"/> Bleeding <input type="checkbox"/>	
Was not aware of problem till noted on examination <input type="checkbox"/> at routine dental cleaning <input type="checkbox"/>	
Client's Goals for Therapy: Preserve all teeth <input type="checkbox"/> Resolve pain <input type="checkbox"/> Resolve infection <input type="checkbox"/> Remove all teeth <input type="checkbox"/>	
Resolve bad breath <input type="checkbox"/> Improve quality of life <input type="checkbox"/> Other:	

Pre-Operative Work Up send work up results to info@dentalvetkingston.ca

Blood Testing:	All pets > 6 years require blood panel performed within 6 months of the procedure. Older cats require Total T4 analysis. All dogs require Heartworm & Lyme testing.
Chest X-rays: (send via PACS)	All pets > 10 years screening chest radiographs is advised. Brachiocephalic breeds of dogs and cats benefit from these regardless of age.
Echocardiogram:	Advised for dogs with heart murmur (optional if normal chest radiographs) Strongly advised for all older cats with a newly diagnosed heart murmur.
ECCG:	Required for all patients with arrhythmias.
Do any of the following apply? Cardiac Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Liver Disease <input type="checkbox"/> Respiratory Disease <input type="checkbox"/>	
Seizure Disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Thyroid conditions <input type="checkbox"/> Adrenal Conditions <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/>	
Diarrhea <input type="checkbox"/> Any anesthetic complications <input type="checkbox"/> Drug adverse reactions <input type="checkbox"/> Other:	
Current Medications:	

Veterinarian's findings, treatments, comments:

Date of Veterinary assessment/treatment:

Are photos and intra oral radiographs available? Yes No email jpegs to info@dentalvetkingston.ca

Previous Dental disease/treatments:

Date of **previous** dental procedure(s):

Pre- Surgical Pain Control

If potentially painful oral pathology has been noted, please dispense analgesics **regardless of clinical signs of pain**. It is recommended to prescribe gabapentin until dental surgery is performed at a dosage of 10 mg/kg PO q8-12h for both dogs and cats.

Are there clinical signs of pain? Yes No Have analgesics been prescribed? Yes No

Pre- Surgical Antibiotic Usage

If there are any pulp exposed teeth or if there is stomatitis with mucosal inflammation and ulceration beyond the gingiva, antibiotics are indicated. Unless hypersensitivity noted, amoxicillin and clavulanic acid is recommended at a dosage of 12.5 mg/kg PO q12h for both dogs and cats until the day of dental surgery.

Antibiotics that are not effective against anaerobic bacteria are not advised (i.e. Convenia injection)

Pulse therapy is not advised for chronic dental disease as it has been shown to be ineffective and risks the development of antibiotic resistance.

Have antibiotics been prescribed? Yes No

Pre-Consultation Anti-Anxiety/Comfort Medications

Oral sedation prior to the assessment consultation appointment is advised. Please provide the following medications for both dogs and cats: Gabapentin 20 mg/kg PO and Trazadone 5 mg/kg PO by 7:00 am on the morning of your patient's visit with us. Please advise us if there is any reason that this will not be done.

Have sedation/comfort medications been prescribed? Yes No

Thank you for entrusting the care of your patients to us. You will receive a summary email on the day of surgery and a full report after the follow up exam 14 days post surgery.

Dr. Thomas Mulder

613-770-2775