



West Coast Veterinary Dental Services

1350 Kootenay Street
Vancouver, BC
V5K 4R1

Phone: 604-473-3605 Fax: 604-473-3620

Referral Form

Date:

Client Name: _____

Address: _____

Phone Number: _____ Alternate: _____

Patient Name: _____ Age: _____ Sex: _____

Species: _____ Breed: _____

Has this patient been to our clinic before? _____

Referred Clinic: _____ Phone #: _____

Referring Doctor: _____ FAX #: _____

Referred to: Dr. Loïc Legendre Dr. Judy Rochette Either Doctor

Status: Emergency Urgent Next Available

Radiograph Review Request: _____

Reason for Referral/History:

Please send any lab work or relevant information with this referral.

Radiographs:

Coming by: Owner Courier Email Not Done