



**THE CAROLINAS  
ANIMAL HOSPITAL  
& DENTAL CLINIC P.A.**

13331 York Center Drive, Suite A  
Charlotte, NC 28273

704-588-9788  
704-588-9781 (Fax)

FAX TRANSMITTAL FORM



Attention:

From:

Company:

Date Sent:

Phone:

Time Sent:

Fax:

Number of Pages (including coversheet):

Urgent    Reply    ASAP    Please Comment    Please Review    For your info



Message:

When you fax the dental referral form, please also send the following:

- 1) Vaccine history should include a printout of the vaccine due dates as well as a copy of the actual Rabies certificate.
- 2) Any recent labwork, especially pre-anesthetic panels, and
- 3) Any of your notes related to the oral issue.

Have the client then call us to set up the initial dental consultation appointment with Dr. Queck or Dr Gleason.



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**DENTAL REFERRAL FORM**

Date: \_\_\_/\_\_\_/\_\_\_

**CLIENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**ANIMAL**

Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight \_\_\_\_\_

DOB/Age: \_\_\_\_\_

**REFERRAL**

DVM: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Doctor's e-mail: \_\_\_\_\_@\_\_\_\_\_

**\*REASON FOR VISIT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_