

Sedgefield Animal Hospital Dental Referral Form

Dr. Brooke Townsend, DVM

4740 W. Gate City Blvd.

Greensboro, NC 27407

SedgefieldVet.com

Phone: 336.294.1944

E-Fax: 336-297-1040

Email: petcare@sedgefieldvet.com



Owner (First and Last name): _____

Owner's Phone Number: _____

Patient Name: _____ **Species:** _____

Breed: _____ **Gender:** M NM F FS **Birth Date/Age:** _____

Date: _____ **Hospital:** _____

Referring DVM: _____ **Email:** _____

Reason for Referral: _____

Summary of any significant medical or dental history: _____

Current Medications: _____

Please send any medical records, radiographs, and recent lab work to petcare@sedgefieldvet.com.