



# Animal Dental Clinic of Pittsburgh, LLC

9117 Marshall Road, Cranberry Township, PA 16066

Referring Veterinarians: Please fill out the form below and submit the form electronically or click [HERE](#) to print a PDF version and fax it to 1-888-698-3887.

Date:

**REFERRING VETERINARIAN:**

PRACTICE:

TELEPHONE:

FAX:

Clinic email for communications:

**OWNER NAME:**

PHONE NUMBERS:

ADDRESS:

EMAIL:

**PATIENT NAME:**

WEIGHT kgs:

AGE:

SPECIES:

BREED:

SEX:

VACCINE STATUS:

**REASON FOR DENTAL REFERRAL:**

**PRIORITY (URGENT, NOT URGENT, CONSULT ONLY):**

**PERTINENT HISTORY AND OTHER MEDICAL ISSUES:**

**LAB RESULTS (email blood work, biopsy reports, photos and dental x-rays):**

**MEDICATIONS (DOSAGE/DURATION/RESPONSE):**

**REMARKS OR REQUESTS:**

**\*\*Please submit patient records, dental images, bloodwork and any biopsy results via email to [adcreferrals@animaldentalclinicpgh.com](mailto:adcreferrals@animaldentalclinicpgh.com) for review to help plan for your patient's dental appointment.**