



# INSTITUTE *of* VETERINARY SPECIALISTS

5609 SW 64<sup>th</sup> Street • Gainesville, Florida 32608

888-844-1019 • 888-844-1413 (FAX)

## DENTAL REFERRAL INFORMATION

Please email completed form to [contact@vetheart.com](mailto:contact@vetheart.com)

### Cardiology

Davin J. Borde, DVM  
Diplomate, ACVIM  
(Cardiology)

### Dentistry | Oral Surgery

Sharon Hoffman, DVM  
Diplomate, AVDC

### Dermatology

Diane T. Lewis, DVM  
Diplomate, ACVD

### Internal Medicine

Julie Corbett, DVM  
Diplomate, ACVIM  
(Small Animal)

### Neurology | Neurosurgery

Roger Clemmons, DVM, PhD  
Diplomate, ACVIM  
(Neurology & Neurosurgery)

### Ophthalmology

Brendan G. Mangan, DVM, MS  
Diplomate, ACVO

### Surgery

Isis R. Sánchez, DVM, MS  
Diplomate, ACVS

### Administrators

Tabitha Priester, BBA  
Lucy Sebastian, BS

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[contact@vetheart.com](mailto:contact@vetheart.com)

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Owner Information:	Name: _____	Phone: _____
	Email: _____	
Pet Information:	Name: _____	Date of Birth: _____
	Breed: _____	Sex: _____
Referring Veterinarian:		
Hospital: _____		
Address: _____		
Phone: _____ Email: _____		

Medical History: \_\_\_\_\_

Current Medical Problems: \_\_\_\_\_

Current Medications and Response to Treatment: \_\_\_\_\_

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Additional Information?	<input type="radio"/> Emailed	<input type="radio"/> None
Lab Results?	<input type="radio"/> Emailed	<input type="radio"/> None
Dental Radiographs (jpeg images)?	<input type="radio"/> Emailed	<input type="radio"/> None

*Thank you for your referral.*

