



John Koehm D.V.M., F.A.V.D.  
Colleen K. Crist, D.V.M

### Dental Services Referral

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:   M / F   Neutered:   Y / N   Color: \_\_\_\_\_

Primary Concern: \_\_\_\_\_

Duration of Condition: \_\_\_\_\_

Tentative diagnosis: \_\_\_\_\_

Referring DVM: \_\_\_\_\_ Referring Hospital \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact**  
Office: (775) 746-0333  
Fax: (775) 746-2479  
[www.nevadavetdentistry.com](http://www.nevadavetdentistry.com)  
4871 Summit Ridge Drive  
Reno, NV 89523



From I-80 West take McCarran Exit 10  
Turn south on McCarran Blvd  
Get in far right lane and turn and take the  
off ramp towards Home Depot.  
Continue right on Summit Ridge Dr. and  
go over the bridge. We are the second  
building on the left.