

## Dr. Grigory Brodetsky, DVM

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## Dermatology/Ear Re-curing Appointments

Date of Last Appointment: \_\_ / \_\_ / \_\_\_

Owner: Last	Name			First Name:								
Address:				City:		Province: F		PC:				
Phone:		Mobile	<del>)</del> :	Business:		Email:						
Patient's Na	me:	l .			Species: □ Canine □ Feline □ Indoor □ Outdoor							
Gender	☐ Male ☐ Female ☐ Spaye						B/W:	□ kạ	g. 🗆 Ib	os		
Color:	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Breed:									
Microchip #	:	ined	☐ Home	made								
Data												
Date:										<b>,</b>		
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Treatment/Notes:												
Date:								<b>.</b>				
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Treatment/Notes:												

Date:				
CYTOLOGY	SCRAPING	CULTURE	DNA	BIOPSY
OL OR Ear O Skin	O Ear O Skin	OL OR Ear O Skin	O Ear O Skin	OL OR Ear O Skin
Treatment/Notes:				
Date:				
CYTOLOGY	SCRAPING	CULTURE	DNA	BI OPSY
OL OR Ear O Skin	O Ear O Skin	OL OR Ear O Skin	O Ear O Skin	OL OR Ear O Skin
Treatment/Notes:				
Date:				
CYTOLOGY OL OR Ear O Skin	SCRAPING O Ear O Skin	CULTURE OL OR Ear O Skin	DNA O Ear O Skin	BLOPSY OL OR Ear O Skin
OL OK Edi O SKIII	J Edi J SKIII	OL OK Edi O SKIII	J Lai J Skiii	OL OK Edi O Skill
Treatment/Notes:				