

# VETERINARY TEACHING HOSPITAL

VIRGINIA-MARYLAND REGIONAL COLLEGE OF VETERINARY MEDICINE

BLACKSBURG, VA 24061  
 (540) 231-4628  
 FAX (540) 231-9354

<b>RADIOLOGY REFERRAL</b> <i>(please assist us by legibly completing all requested information)</i>				
DATE:	OWNER'S NAME:	ANIMAL'S NAME:		
SPECIES:	BREED:	SEX:	AGE:	WEIGHT:
HISTORY/PROBLEMS/OBJECTIVE DATA (ETC) THAT PROMPTED THIS REQUEST:				
TREATMENT (IF ANY) GIVEN FOR THIS CURRENT PROBLEM:				
REFERRING VETERINARIAN:		CLINIC/PRACTICE:		
ADDRESS:		CITY:	STATE:	ZIP:
OFFICE PHONE:	OFFICE FAX:	OPTIMAL TIME FOR CALL:		
SIGNATURE OF REFERRING VETERINARIAN:				
TELEPHONE REPORT: \$50 <input type="checkbox"/> WRITTEN REPORT: \$50 <input type="checkbox"/> BOTH: \$75 <input type="checkbox"/>				
<b>MAIL RADIOGRAPHS TO:</b> Radiology Section Veterinary Teaching Hospital (0443) Phase 3, Duckpond Road Blacksburg, VA 24061				